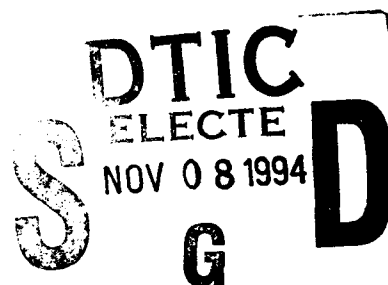


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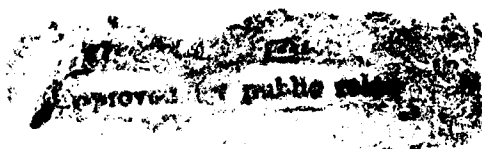


**RESPONSES TO DISASTERS, NATURAL AND MAN-MADE,
AND INTERVENTIONS WITH SOCIAL SUPPORTS**



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**DEPARTMENT OF PSYCHIATRY
F. EDWARD HEBERT SCHOOL OF MEDICINE
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Stress and Coping with War: The Experience of Deployment and Reunion for Mortuary Affairs Units, Reserve Units, and First-Term Army Wives

First Edition

Published, August 1994

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In order to understand the effects of trauma and disaster on our community, the support of a wide array of people and institutions is required. Most important are those individuals who have contributed their time and efforts to participate in these studies by describing their experiences and allowing us a window on their life during a difficult time. We have the greatest respect and admiration for our study participants. Their willingness to share a part of a difficult life experience makes this work possible.

A number of individuals, through their personal support and efforts, have fostered the development of these studies and recognized their importance to both the military and civilian communities. In particular, we wish to thank Drs. Nancy Gary, James A. Zimble, Harry C. Holloway, David H. Marlowe, M. Richard Fragala, and Lieutenant General Thomas Gensler, USAF. Their vision of the importance of understanding the effects of trauma and disaster and their personal and administrative support have sustained our work.

We would like to express our appreciation to those who assisted us with our work on the Waco Disaster and in the understanding of the experiences of husbands and wives dealing with breast cancer. Our thanks to Ms. Edna (Liz) Lucas, Executive Director, and the Board of Governors of the Ft. Worth District Dental Society for their permission and support to conduct the survey and to the members of the Forth Worth Dental Society and their spouses (and significant others) who participated; thanks, also, to Rodney Crow, D.D.S., Director of Identification Services, Tarrant County Medical Examiners' office, Ft. Worth, Texas. Dr. Charles Blankenship (Head, Department of Surgery, National Naval Medical Center) and Dr. Dave Jaqu's (Chief, Department of Surgery, Walter Reed Army Medical Center) were instrumental in educating us about the treatment of breast cancer at their institutions and relating their observations and experiences with breast cancer patients and their families. Finally, our deep gratitude to the women of *My Image* and their husbands for sharing with us their experiences in coping with this illness.

We hope that through increasing our understanding of the effects of traumas and disasters, we will be better able to provide aid to those in our community affected by such tragedies.

EXECUTIVE SUMMARY

Disasters are common occurrences both nationally and on the global level. As population density and urbanization have increased, the impact of disasters has intensified. It is important, therefore, to understand human responses to trauma and disaster. This volume focuses on the effects of a range of traumatic events: a natural disaster (Hurricane Andrew), working with the dead (dental identification of bodies following the Mt. Carmel conflagration) and the trauma attendant to the diagnosis of a life-threatening illness (breast cancer). We describe the events as told through the eyes of those who were there.

Hurricane Andrew struck South Florida and Louisiana in August, 1992. The direct and indirect impact of Andrew on the Air Force community is illustrated through responses provided by servicemembers and their families stationed at Homestead AFB as well as comparison communities at Shaw and MacDill Air Force Bases. This study allows examination of the ways in which unanticipated moves and resettlement differ from those which are planned.

The section on the Waco Disaster contains information on the responses of dentists who performed forensic identifications on the bodies of the Branch Davidians killed in the man-made disaster. Again, the impact on the larger community as well as experiences unique to the participating dentists and their families are illustrated through the presentation of data from a comparison group as well as the group exposed to the trauma directly.

The final section focuses on a psychosocial intervention for husbands of women with breast cancer. Receiving a diagnosis of breast cancer is a traumatic event which profoundly affects the patient and her family. This volume includes a description of an intervention which has been designed to give husbands training on ways they can facilitate their wives' healthy adaptation to the major new stressor in their lives - breast cancer. While this intervention is designed for a specific use, the general principles are generalizable to helping survivors of any trauma. Indeed, one of the core elements in providing support is to be a good listener. The importance of having someone listen to one's "story" is a recurring theme found in the reports in both the Hurricane Andrew and Waco Disaster groups.

The data from these three traumatic stressors provide valuable information about ways in which trauma and disasters affect people directly and indirectly. It presents insights in the variety of usual normal responses encountered in individuals and communities grieving their losses. The findings on the following page can provide guidance for community leaders, commanders, co-workers, friends, and family members.

- * Communication is a key element in the recovery process.
- * Goals of communication following a disaster include: normalizing the future, correcting cognitive distortions, and encouraging the mentioning of the "unmentionable".
- * Anticipation of handling, as well as the actual handling, of injured or dead bodies is very stressful.
- * Separation from family is one of the most stressful aspects of deployment and relocation.
- * High priority must be given to allocating time for rest and respite.
- * Good leadership and a solid organizational structure are critical to individual and community recovery following a disaster.
- * Over the longer term, trauma can have positive psychological effects. Individuals can re-order their priorities; the values of family, friends, and community is underscored.
- * Psychiatric consultation, using an epidemiological prevention model, can be of value in preventing acute and delayed morbidity related to trauma.
- * Exposure to the traumatic and grotesque should be limited whenever possible.
- * Optimizing intrinsic supports fosters recovery

HURRICANE ANDREW

SUMMARY

Hurricane Andrew struck South Florida late Sunday night 24 August, 1992. The storm left 3 million homes without power, destroyed 90,000 homes, left 250,000 homeless, and killed 43. Homestead Air Force Base and the surrounding communities of Homestead and Florida City where many of the base personnel and their families lived were largely destroyed. It was the most catastrophic storm of this kind in the past 100 years. The entire Homestead community was forced to evacuate in anticipation of the storm. Some did not make it out. People lost their homes, possessions, and their local support networks. Spouses working in the community lost their jobs and were uprooted from family, friends, and community ties. The majority of the base's 5000 active duty personnel were evacuated to other military institutions throughout Florida.

Mental health consultation to MacDill AFB was requested by the Air Combat Command Surgeon. The Uniformed Services University of the Health Sciences (USUHS) Department of Psychiatry's Center for Traumatic Stress Studies deployed a Psychiatrist within 48 hours post-disaster. Close phone contact was maintained with members of the trauma studies group.

The goal of the consultation was to provide emotional and practical assistance to the personnel at MacDill AFB and support them in facilitating the recovery of evacuees from Homestead AFB. Over the course of the visit, support and assistance were provided to a wide number of individuals and agencies: families evacuated from Homestead AFB, the Hospital Commander, mental health personnel, Family Support Center personnel, Child Care Center staff, chaplains, and American Red Cross staff.

Using an epidemiological model, groups at high risk for psychological sequelae were identified. Those individuals and groups felt to be especially vulnerable included: persons living off base, rescue workers, single parents and families already at high risk due to previous difficulties with family violence or other disturbances. In addition, there was a unique population to Homestead - individuals who were "double victims"; these were Air Force personnel who had lost their possessions after being evacuated from the Mount Pinatubo volcanic eruption in the Philippines.

Initial consultation to Command identified several areas for special attention in the management of the recovery from Hurricane Andrew. Recommendations to command included:

- * The use of daily informational briefings to provide up-to-date news and control rumors.
- * Emphasis on the Air Force's commitment to helping its members, captured in the slogan "people first, planes second:
- * Provision of flexibility in personnel decisions (such as delaying retirements if requested) and offering "first choice" assignments

- * Optimizing intrinsic supports: providing phones, meetings with information and food, childcare services, dissemination of a mailing list, newsletters providing names and phone numbers of resources
- * Provision of rest and respite for personnel
- * Limiting traumatic exposure: e.g., time-limited access to Homestead Air Force Base
- * Recognizing the efforts of individuals and groups through awards and special thanks

In addition to the efforts of local Command, the resources of the wider Air force community played a vital role in recovery. The broader Air Force community absorbed servicemembers and their families displaced by Hurricane Andrew. Within two weeks of the Hurricane most of the active duty personnel had received orders for a new assignment. The process of recovery had begun. The following section contains the responses of Air Force personnel and their families who were assigned to Homestead Air Force Base at the time of Hurricane Andrew. Their responses to survey information will elucidate some of the effects of exposure to this traumatic dislocation and the process of recovery.

In addition to the Homestead respondents, comparison groups were surveyed at Shaw and MacDill Air Force Bases in order to better understand the impact of a disaster on the wider Air Force community and the differences between planned and emergent relocation.

INTRODUCTION

On the 13th of August a tropical depression was noted off the western coast of Africa. In the following four days this depression intensified into a tropical storm that was named Hurricane Andrew. Ultimately Hurricane Andrew reached class five hurricane status, the most severe rating for tropical storms (this rating describes the wind velocity and destructive force of a storm). Storms of this strength are distinctly rare occurrences and happen on average only twice per century.

On 22 August, the storm turned toward Southern Florida, leading to an evacuation order intended to clear out all residents of Dade County including Homestead AFB. Beginning in the afternoon hours and extending into the evening of August 23rd, highways leading out of South Florida became veritable parking lots, jammed with evacuees "heading north." Several families, however, remained in their homes or public shelters, too afraid to leave their property or notified too late to evacuate safely. During the early morning hours of August 24, Andrew swept a 30 mile wide swath of destruction through Southern Florida. Homestead Air Force Base lay in the center of this path.

Homestead AFB was closed and secured at 1800 hours on August 24th, several hours before the storm passed through. The vast majority of the Base's more than 5000 Active Duty members and their families had evacuated by the 1800 hours deadline. Only command elements, civil engineering, and military police remained on duty. A small percentage of base personnel and their families remained off-base in their homes or in the homes of friends or extended family.

Virtually all of the one thousand living quarters on base were severely damaged and uninhabitable. The base remained closed for four days while civil engineering and military police secured the area and cleared roads of debris and downed power lines. On Friday August 28th, families were allowed to return to Homestead. They salvaged what was left in the wake of the storm and returned north to shelters located at surrounding military facilities (Patrick, MacDill, Tyndall, Orlando NAS, etc.). The Air Force Aid Society provided immediate funds for temporary shelter. Active duty members were placed on TDY status to ensure funds for their immediate needs. Organized aid efforts were developed at the local bases which provided access to financial resources, information, replacement supplies, and billeting. The Red Cross and military chaplaincy were active in meeting families' needs.

Teams were deployed within three days of the storm to help with new duty assignments and family relocations. With the exception of units that needed to remain intact for optimal operational readiness (e.g., fighter wings and their essential support squadrons), active duty members were given first choice assignments anywhere in the Air Force where there military specialty existed.

In this summary, we report on the initial responses of the HAFB personnel and their families who were traumatically dislocated by Hurricane Andrew. Responses from comparison groups who moved during the same time frame are also provided. These reactions were measured through responses to a questionnaire mailed six months after the storm. The questionnaire included both open-ended questions and standardized psychosocial and psychiatric instruments which assess the amount of stress felt, the support attained, symptoms of distress, and other reactions and adjustments. The questionnaire allowed respondents to provide written comments as well as circling responses.

First the responses of the Homestead Active Duty members, their spouses, and oldest adolescent children will be presented. For purposes of comparison, the responses of similar Air Force communities (MacDill and Shaw Air Force Bases) will follow the Homestead sections. Summaries of response frequencies provide a sense of the universality of various experiences. Extensive quotations are also presented to share the participants' views of their experiences.

This overview will give the reader a flavor of the varied responses of the people involved. Further reports will be written following analysis of the data. The longitudinal design of this study will enable the examination of possible chronic and long term responses to the disaster and contribute to "lessons learned" which can be applied in future disasters.

HOMESTEAD ACTIVE DUTY RESPONDENTS

WERE YOU EVACUATED FROM THE PHILIPPINES BECAUSE OF THE VOLCANIC ERUPTION? DESCRIBE.

"I was stationed at Clark Air Base for 3 1/2 yrs and was evacuated as a result of Mt. Pinatubo."

"Two weeks of hell. I lost a lot of my goods because we had to leave everything behind. During the worst day of the eruption we were moved in and out of buildings because they were falling in on people. The transition back to the States was well organized and done professionally. However little effort has been made to ensure no health problems or financial hardships have arisen from the move back to the States. Homestead did try very hard but their hands were tied in a lot of areas."

"Evacuated to Subic and assisted getting all dependents and non-essential personnel out on ships."

WHAT WAS YOUR INITIAL REACTION WHEN YOU HEARD THAT HURRICANE ANDREW WAS GOING TO HIT THE HOMESTEAD AFB AREA?

- * Concerned about family (26%)
- * Getting house prepared/worrying about house (26%)
- * Evacuation (21%)
- * Uncertainty/fear/helplessness/anxiety/panic (21%)
- * No concern/no fear of damage (17%)
- * Disbelief (11%)
- * Securing work/prep base (08%)
- * Concerned due to TDY/unaware it was happening (06%)
- * Calm (05%)
- * Confusion (03%)
- * Inconvenience (02%)

"First was why we were not evacuated earlier? Why didn't we get the aircraft out on Saturday like the Guard did? Why did they keep us all at work until after all base facilities had closed? Why didn't they have designated shelters for the base? Why didn't the base have a disaster plan other than 'fend for yourself'!"

"Was with my family. We thought 'It can't be that bad, the base has not initiated a recall or notification to evacuate'"

"I was concerned for my personal safety and my wife's safety. To hell with the base!"

"I was scared, confused & upset. We got the word to evacuate but no further guidance."

"Disbelief that this could happen to my family, especially 4 days after making our first mortgage payment. Generally disbelieved any real damage would occur, and that it was just media hype."

"Not a serious problem."

"The thing that worried me the most was if I would see my family again."

"I felt very anxious, didn't believe it, feared & hoped for the best. I thought Hurricane Andrew wouldn't cause much damage; things would be back to normal in a week or two."

DID YOU REMAIN IN THE HOMESTEAD AREA DURING THE HURRICANE?

- * In own house/apartment (11%)
- * In family/friend's house/apartment (08%)
- * Slept in car (02%)
- * In building near base (02%)
- * Stayed to help/volunteer (01%)
- * In a shelter (01%)
- * Family/friends house/apt (but not in the Homestead area) (01%)

"I volunteered to work with the Dade County Emergency Operations Center at their Control Center. I used a Government 925 5-ton truck (with Commander approval) to aid the emergency and then the relief effort."

"At a friend's house, about 6 miles from Homestead AFB."

"We wound up sleeping in our car at a rest area about 45 miles north of base due to lack of any hotel space anywhere nearby."

"In my house, eventually into the smallest interior bathroom."

WERE YOU IN ANY PHYSICAL DANGER DURING THE HURRICANE? DESCRIBE.

- * In home/shelter, structural damage, roof, ceiling, debris, glass, etc. (20%)
- * Panicked drivers/careless drivers (03%)
- * At work, structural damage (01%)
- * Because of lateness in evacuation (01%)
- * Water on road (01%)
- * Attacked by looters (01%)

WERE YOU IN ANY PHYSICAL DANGER DURING THE HURRICANE? (cont.)

"Walls moved, roof blew off and kitchen ceiling blew in."

"On return to home after hurricane was attacked by looters. Which my neighbor and I scared off with firearms."

"I was in the house, when a tree came through the roof. Then the entire roof lifted approximately 4-6" off the foundation. Therefore, causing me to evacuate to the car."

"Were in the house during the Hurricane, once the house starting coming apart there was danger of flying glass, trees, wind, and debris."

"The house was being destroyed around us but, the bathroom did hold up. The walls at one time were flexing inward which was of concern."

DESCRIBE YOUR ACTIVITIES, AND WHAT YOU WERE THINKING AND FEELING DURING THE HURRICANE.

- * Watched news/TV about hurricane/radio (31%)
- * Concern for home/house/property (28%)
- * Concern for safety of family/self (26%)
- * Evacuation/driving (21%)
- * Slept (11%)
- * Fear/anxiety (11%)
- * Protected self (09%)
- * Concern for friends (08%)
- * Helpless (07%)
- * Stayed in hotel/motel (07%)
- * Talked with friends (06%)
- * Prayed (06%)
- * Disbelief/why me? (05%)
- * Working/volunteering (05%)
- * Slept in car (04%)
- * Had a meal/ate (02%)
- * Time with family (02%)
- * Surprise at force of storm (02%)
- * Exhaustion (01%)

"I was thinking that I had really screwed up by volunteering to stay and help. I was really scared for a while, then it was more acceptance (I couldn't do anything about the storm or my outcome, so why worry about it.)"

"Stayed covered in the hall until the ceiling blew in and the wall started to move, at which time we moved to the living room and took cover under the table. The second half of the storm was more violent then the first and I wanted it over!"

"We were in a hallway, about 14' long x 4' wide, holding the doors shut. I had all my family with me, if we go, we go together. I also hoped my friend didn't get a heart attack."

DESCRIBE YOUR ACTIVITIES, AND WHAT YOU WERE THINKING AND FEELING DURING THE HURRICANE. (cont.)

"Monday morning I knew it was impossible to return to Homestead so I took my 2 yo son to a waterpark near the hotel; it help me relax and he enjoyed it a lot."

"What the future will hold, uncertain about our home & belongings."

"Surprise at the violence of the wind and the destruction we were seeing."

"P___ed my pants & prayed to God as I was in the backseat under a blanket getting wet & hit by objects."

"Were hiding under mattress in the hallway. I thought it was never going to end."

"I wasn't doing too much except for moving from spot to spot to avoid the water pouring in through the roof. Praying that the walls held."

WERE YOU ASSIGNED TO ANY DUTY AT HOMESTEAD AFB AFTER THE HURRICANE? DESCRIBE.

- * Helped salvage gov't property/base repairs (07%)
- * Opening/clearing base roads (04%)
- * Obtaining fuel for base/survivors (03%)
- * Obtaining water for base/survivors (03%)
- * Helped provide food for base/survivors (02%)
- * Provided emergency vehicle support (02%)
- * Helped with casualties (01%)
- * Contacting unit members to relocate together to new base (01%)
- * Issued AF Society aid (01%)
- * Offered to help, but couldn't (01%)
- * Area clean-up (01%)

"Obtained 2 buses for transport of victims to shelters; cleared a parking lot of debris; assisted in clearing some roads; acted as emergency vehicle for fire Dept; wired in a small generator into a gas pump to provide fuel; provided the base officials with our M50 water truck (full of fresh water) for use by base personnel; assisted the clean up crews in opening base roads; provided emergency vehicle support to the City of Homestead. We provided any support needed by either base or local authorities. This included: refueling generators, wiring emergency generators; making food and water deliveries to local people; clearing the area of debris and loading convoys with everything from hospital, dental and personnel records to reclaimed equipment to be evacuated out."

"I was Deputy Director of Family Support Center. We set up places in the housing area with water, beverages, food and canned goods. Also issued Air Force Aid Society checks to other victims."

"Being in CE, we were the 1st unit to convoy back to base. Try to open up roadways, obtain vehicles, etc. Duties are too numerous to list. As the CE safety officer, I was involved with anything and everything. Wasn't doing a staff job, was out with my troops getting dirty."

WAS ANYONE IN YOUR FAMILY INJURED? DESCRIBE.

- * Cuts/scratches/bruises (05 %)
- * Re-injury of knee/back (02 %)
- * Burn (01 %)
- * Fall injury (01 %)

"Myself--Minor cuts and abrasions and a burn from an exhaust pipe."

"Only bumps and bruises on my wife and older kid when ceiling shingles fell on them."

WHAT HELPED YOU THE MOST DURING THE HURRICANE, THE EVACUATION, AND THE RESETTLEMENT?

- * Family (24 %)
- * Other bases (20 %)
- * Air Force/AF financial support (17 %)
- * Friends (15 %)
- * Knowing family was safe (12 %)
- * Faith in God/prayer (09 %)
- * Resettlement selection (09 %)
- * Nothing (08 %)
- * Red Cross (07 %)
- * Self (06 %)
- * Insurance (05 %)
- * Preparedness/previous information/being kept informed (04 %)
- * Money/financial/outside support (04 %)
- * Tyndall family support center (02 %)
- * Geographically okay (02 %)
- * Learned for future (01 %)
- * Know the right people (01 %)
- * Alcohol (01 %)

"Knowing I had insurance."

"The people of MacDill and Tampa for their outstanding support and quick action to get us what we needed most, shelter and food and clothes. Too bad that the leadership at Homestead couldn't have been as prepared and helpful."

"The Family Support Center at Tyndall AFB, FL."

"My family and the Air Force especially the Avon Park Bomb Range Commander and staff. This is where we evacuated to. Kept a calm approach to the whole ordeal helped."

"Being with my family and knowing they were okay."

"My family worked together and kept each others spirits up."

WHAT HELPED YOU THE MOST DURING THE HURRICANE, THE EVACUATION, AND THE RESETTLEMENT? (cont.)

"Alcohol!"

"My faith in God and that everything happens for a reason. When something like this does happen, look and see what you can learn from it."

"It was five days before I knew if my family was alive or dead. They would not let us look for our families or take a look at our homes. Prayer!"

AT THE TIME OF THE DISASTER AND THE WEEK THAT FOLLOWED DID YOU PROVIDE SUPPORT TO ANYONE WHO WAS UPSET BY THE DISASTER? DESCRIBE.

- * Family (37%)
- * Coworkers (21%)
- * Friends (17%)
- * Neighbors, place to stay, supplies (16%)
- * Other evacuees/victims (14%)
- * Community/base physical support/supplies (12%)
- * Emotional/mental/moral support (12%)
- * Protection for others (02%)

"As a volunteer, I helped deliver food and water to local civilian residents. In the first days, residents were working together and only wanted what they absolutely had to have to survive. About the fourth day, their attitudes changed, they wanted as much as we would give them and complained about that."

"I volunteered to pull guard duty in my sister neighborhood so those people could sleep well at night. I also helped my friends and some co-workers gain access to basic necessities such as water and ice."

"I provided support to my wife all the time, to co-workers and friends just talking to them and informing them everything they briefed me. Also talking about past experiences during the Hurricane, how we felt, etc."

"Talked and supported my wife, mother-in-law, and children, as well as several co-workers."

"Everyone effected by the hurricane was upset to some extent. We all supported each other at one time or another, as well."

"I guess. Most of the married people who did not know if their families were ok or not. We would get together talk about different things we did or intended to do with our families. Some how it would ease the fear for a short while."

**DID YOU PARTICIPATE IN A DEBRIEFING FOLLOWING THE DISASTER? WHERE?
DESCRIBE.**

- * MacDill (14 %)
- * Patrick (09 %)
- * Homestead (04 %)
- * No debriefing (03 %)
- * Col _____ (03 %)
- * Pellis (03 %)
- * Tyndall (02 %)
- * To prepare for return to homestead, and what to expect (02 %)
- * Everglades National Park (01 %)
- * Orlando (01 %)
- * Much later (01 %)

"This really bothered me, even today, (no debriefing). Two weeks after the storm, we got a van, loaded what remained and drove to New Mexico, where they put my wife right to work. We never were debriefed at Homestead, or our new duty station."

"There was a mass briefing at MacDill in a hangar where Col _____ address the 31st FIGHTER WING."

"Everglades National Park, 9 Sept. 92, Crisis Team, Yes, helpful."

"The Wing commander briefed a mass crowd describing what we will see when we return to Homestead."

"Mass briefings by Patrick AFB Personnel and the Homestead AFB Commander."

"Naval Training Center Orlando, Theater, 26 Aug. Col. _____ commander. All who had evacuated to Orlando area."

"No. Had no need of going to any other base because after personally contacting ACC hotline I initiated my own plan to pick up what was left and relocate my wife and I at our own expense till the Air Force could figure out what was going on."

"Gen _____ finally got evacuees together in Jan '93. What a joke."

WHAT WAS YOUR MOST IMPORTANT BELONGING THAT YOU WERE NOT ABLE TO SALVAGE?

- * Memorabilia (45%)
- * Furniture/carpets/bedroom set (18%)
- * Important papers/certificates/awards (14%)
- * Baby/child toys/clothes/keepsakes (08%)
- * House (08%)
- * Clothing (07%)
- * Electronic equipment (06%)
- * Way of life/safety (04%)
- * Car/truck & camper (04%)
- * Books (03%)
- * Computer (02%)
- * Jewelry (02%)
- * Lawnmower/chainsaw/tools (02%)
- * Antique sewing machine (02%)
- * locker (01%)

"I'm sorry, I can't begin to answer this."

"Sentimental memorabilia."

"Brand new bedroom set \$4000.00."

"There was nothing that I couldn't salvage that was irreplaceable, so I can't answer this. I'm not a person that places much value on material items."

"An antique sewing machine given to my wife by her mom."

"Many photographs, certificates, plaques, clothes of my 2 year old when he was a baby. (memorabilia)"

"My baby's baby books. My sons are 5 and 2 and their baby books were beyond recognition."

"Pictures & very personal items."

"The home itself--we had closed on it 2 months prior to the storm, and it was our first owned home."

WERE YOU PERSONALLY AFFECTED BY LOOTING? DESCRIBE.

- * Video/audio equipment/video tapes/cds/electronics (14%)
- * Few items (10%)
- * Clothes/jewelry (06%)
- * Tools (06%)
- * Unsure (05%)
- * Kitchen appliances (04%)
- * House/apartment broken into (03%)
- * Bicycles (03%)
- * Furniture (02%)
- * Survival necessities (02%)
- * Motorcycle (01%)
- * Camera (01%)
- * Looters attacked people (01%)
- * Not looters, but packs of dogs (01%)

"I assisted police in looter patrols and a few items were missing from our house."

"No. We carried big guns."

"We fought with and detained a looter who was attempting to steal my next door neighbor's TV."

"Range, dishwasher, hot water heater, kitchen sink and garbage disposal were all stolen plus other household items."

"Propane, propane stove, gasoline & 3 cans of oil were taken. Only survival necessities taken. Completely understandable."

"Several items were missing, freezer, motorcycle, etc. Plus looters were in the neighborhood when I returned home and attacked me & my neighbor & only fled when we pulled guns on them. Very scary. No police anywhere except around South Dade Police Station."

"Amateur radio equipment. Craftsman tools."

"They stole clothes, electronics, and rings. They also painted their gang sign on the wall."

"No, however, packs of dogs were a problem after a few days."

DID YOU HAVE CONTACT WITH ANY OF YOUR FRIENDS OR NEIGHBORS FROM HOMESTEAD AFTER YOUR EVACUATION? DESCRIBE.

- * Called friends/coworkers (26%)
- * At new base with old friends/coworkers (16%)
- * On duty/clean up w/friends (10%)
- * Met at MacDill (04%)
- * Visited with friends (04%)
- * Wrote friends (03%)
- * At town meetings (02%)

"We call and write to close friends still at Homestead and they say it is still devastated there."

"Ran into our neighbors at MacDill's "Burger King" who had already been back down to Homestead and told us about how our neighborhood looked."

"Only a few--it was hard locating them."

"Mostly back at Homestead while salvaging our belongings."

DO YOU FEEL THAT ANYTHING POSITIVE HAS COME OUT OF YOUR EXPERIENCE WITH HURRICANE ANDREW? EXPLAIN.

YES

- * Choice of base (21%)
- * Out of bad area (13%)
- * Family stronger (13%)
- * Learned what's important, not material things (10%)
- * Stronger from experience (09%)
- * Prepared for next time (09%)
- * Trust others more/know who true friends are (08%)
- * New, fresh start (07%)
- * Self confidence/positive self-respect (05%)
- * Better financially (04%)
- * Good insurance (04%)
- * Don't take basic necessities for granted anymore (02%)
- * Earlier separation date (02%)
- * Keep better records (01%)
- * Air Force does take care of its people (01%)

NO

- * Financial problems (04%)
- * Bad move (03%)
- * No job (03%)
- * Lost items that can never be replaced (02%)
- * Family problems (01%)
- * Bad retirement (01%)

DO YOU FEEL THAT ANYTHING POSITIVE HAS COME OUT OF YOUR EXPERIENCE WITH HURRICANE ANDREW? EXPLAIN. (cont.)

"Positive comes with all experiences. My family and I grew stronger through the loss. We are now located in a much healthier atmosphere or environment for our kids."

"Being alive is far more than anything lost."

"NO. We moved to a place that is more expensive than the Miami area and finance at McChord hasn't done anything to help fix the problem; VHA is very low."

"Learned how to live in a disaster area with no utilities, little food, water, rationed everything. My experience sort of reminds me of camping out in a wilderness, only to a much greater extreme."

"In a way, Andrew has given us a ticket back home to Spokane, which we never wanted to leave to begin with. It's also given us a chance to start over, and avoid making the wrong purchase decisions a 2nd time."

"We have looked at it as a challenge. Material things aren't what determine happiness."

"Material things you can get over--Not a problem. Mom & Dad & "In-Laws" were there. I feel good I was able to help others! God looked out for me!"

"I no longer expect anything as a sure thing. I take things one day at a time."

HAVE YOU OBTAINED ANY MEDICAL CARE SINCE THE TIME OF THE HURRICANE? DESCRIBE NATURE OF THE PROBLEM.

- * Mental/family stress/general stress (18%)
- * Physical (12%)
- * Cold/virus/infection (12%)
- * Neck/back (.1%)
- * Allergic reaction (03%)
- * Broken bones/pulled muscle (03%)
- * Chest/joint pains (03%)
- * Skin cancer (02%)
- * Daily care for diabetes (02%)

"Constant cold like symptoms--cleared after spraying everything we own with Lysol--MOLD."

"ATC Class II physical."

"I felt that I was going to have a heart attack--chest pains/lack of air. Doctor said that it was due to stress."

"I have had problems with my lower back. I guess repairs, tree removal, duty move have aggravated the conditions. I have constant pain."

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE HURRICANE FOR YOUR ADOLESCENT CHILD? DESCRIBE.

- * Loss of friends/property (18%)
- * School change (08%)
- * Hurricane experience (05%)
- * Seeing home destroyed (04%)
- * Separated from family (02%)

"Having to change schools."

"Coming back home to the disaster."

"Going through the Hurricane."

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE EVACUATION FROM HOMESTEAD FOR YOUR ADOLESCENT CHILD? DESCRIBE.

- * Uncertainty/confusion (09%)
- * Losing contact with/leaving friends (08%)
- * No place to stay/loss of privacy (07%)
- * Changing schools (04%)
- * Not sufficient time to deal with situation (03%)
- * Not being able to take everything wanted (03%)
- * Losing job (03%)

"Leaving friends behind, and not knowing where some friends went to."

"Not having a place to stay."

"Having to move and change schools."

"Uncertainty."

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE MOVE TO YOUR NEW BASE FOR YOUR ADOLESCENT CHILD?

- * Leaving friends/loneliness (10%)
- * New people/friends/environment (09%)
- * Changing school (05%)
- * Move experience (04%)
- * Uncertainty (02%)
- * Didn't make the move (02%)
- * Loss of property (01%)
- * None--has adapted well (01%)

"Insecurities for a new area--and if that disaster would happen again."

"Making new friends. A new unfamiliar area to be learned."

ADDITIONAL COMMENTS

- "In a time that help was needed by everyone and anyone, a large percentage of our middle and upper level management personnel didn't do much until their boss showed up that they could get 'face time'. Now I find myself questioning superiors' motives more than ever before and when I do find a repetition of the 'glory hunting' I am very critical of them, more than ever before."
- "I think the biggest thing about the whole disaster that upset me was the lies that the leadership of Homestead released to the press (i.e. news, radio, airman mag, etc) about how well they prepared the people of Homestead for the disaster and how they ensured our safety. That was such pure BULL____, that it caused a lot of stress on myself and my wife."
- "I believe Homestead Air Force Base officials were caught with their pants down. There was never an official notification to evacuate."
- "We are living where we most wanted to be now. My wife was able to transfer within her company to an open position here. As it turns out, Hurricane Andrew was the best thing that could have happened for us."
- "I feel that the middle and lower level supervisors were not familiar enough with the 'plan'. When we asked where to evacuate to, all we were told is 'North'."
- "I'm really proud of fellow Americans' response to the disaster, with food & water & volunteers. I feel lucky to have broken about even, between profit on the house sale & loss on personal goods."
- "Losing household items was bad and then losing everything in my office made it worse. We had all worked so hard to pass inspections and Andrew took all that away. Everything material that I had as proof of my work was blown away. That has been very difficult to deal with."
- "The most important thing when dealing with a natural disaster is recovery after the fact. During both evacuations (Mt. Pinatubo & Andrew) the thing that is the hardest to deal with is other people. Basically, they want you back to work as soon as possible, and that is good but, you can't concentrate on the job until you have put your life back together. What I mean about 'other people' is that you get the feeling that they resent you getting additional time off to attend to personal matters. Or that you have a special relationship you developed with other evacuees."
- "The response I received when I arrived at my duty section was not one of welcome, but of a feeling of what do we do with him. I was not given a position commensurate with my grade. The flight chief did not want to move one of the Master Sergeants that I out-ranked because he was friends with him, and he did not feel it was right for me to just arrive in his shop and take over one of the positions. He made one comment to me when he first greeted me, 'We don't need you and we have no place to put you.' Several of the members of the shop have made comments that they wished that they could get hit by a hurricane so that they could get insurance money."

"Cannot thank enough, all of the support we received at Patrick. Every time I said 'I'm a Homestead evacuee', magic happened."

"The hurricane was a strengthening experience for me, confirming that I would remain calm and do what was needed to insure my family and myself were taken care of. What surprised me was the outreach by the USAF, government agencies and the American people, that made my concerns lessen."

"My biggest complaint was that I was single and they wouldn't let me go home to find out about my car & apartment. I was very upset about that, if I was married I would have left [Saudi Arabia] ASAP."

"My family and I didn't dwell on the Hurricane or the damage. We were more interested in rebuilding our home and getting back to normal... I have a lot of hope for the future of South Dade County and the city of Homestead."

"Even though everything I now own is brand new, if it was destroyed tomorrow it wouldn't matter. I think what helped me the most was helping other people and continuing to work at Homestead."

"If you want to get ready for the next event (God forbid) talk to and have those of us who went through it organize it."

HOMESTEAD SPOUSE/SIGNIFICANT OTHER RESPONDENTS

WERE YOU EVACUATED FROM THE PHILIPPINES BECAUSE OF THE VOLCANIC ERUPTION? DESCRIBE.

None

WHAT WAS YOUR INITIAL REACTION WHEN YOU HEARD THAT HURRICANE ANDREW WAS GOING TO HIT THE HOMESTEAD AFB AREA?

- * Uncertainty/fear/helplessness/anxiety/panic (32%)
- * Concerned about family (26%)
- * Disbelief (24%)
- * No concern/no fear of damage (10%)
- * Getting house prepared/worrying about house (06%)
- * Evacuation (06%)
- * Confusion (04%)
- * Calm (04%)
- * Securing work/prep base (04%)
- * Inconvenience (04%)
- * Concerned due to TDY/TDY and unaware it was happening (04%)

"We were at a friend's house when we heard about the hurricane on TV. We were kind of nervous but we had hopes that the hurricane would deviate from homestead."

"I was not afraid, I have lived in the South all of my life."

"I was home alone, my husband had been called into work for a meeting. I was afraid that they would pack my husband in a shelter on base without me. I had made contact with a neighbor so that I could go to a shelter with her. I was VERY relieved when _____ came home and told us we were going to his brothers in Orlando."

"Scared nervous and alone. My husband was on a remote assignment. He is a _____ (MOS) and his friends at the Station at HAFB called me. My thoughts were to take care of my son."

"I was home with my husband, I was very worried, almost terrified."

"I was with my children initially while my husband evacuated the F-16's. All of my neighbors had evacuated and my husband had our only transportation. He finally returned from duty at 1600 hrs. We felt extreme fear, insecurity, isolation, and anxiety while we waited for the remainder of that day and several days that followed."

"I was out of town. My reaction was one of anxiety and concern for my children on the base with a baby-sitter. My husband and I were out of town at a convention."

"I could not believe it. It felt like a dream."

"I got down on my knees and prayed to Jesus."

"My husband was at the NCO academy during this period, and I was at HAFB with my 2 year old son. When the evacuation order was made I remember being very scared and thinking of where I could go. The evacuation notice only said go north, so Sunday morning I packed a few changes of clothes for us, went to the bank and then went north. We FINALLY found a room at a hotel at Freeham Junction 71."

"I didn't think Andrew was going to hit Homestead. The news kept saying it would hit the Miami Beach area. When the news said it might hit Homestead, I didn't believe it."

"I was very worried. My husband was TDY at the time, I had to take care of securing the house by myself."

"I was in my home watching TV and following the news. When I realized that the event could be a catastrophe I waited for my husband to return from his work and we took my adopted grandparent and evacuated north of Florida."

"Excited, scared and anxious; I was with other Red Cross staff and shelter residents, working. My husband told me before he evacuated that it was headed for us, but it wasn't until 10 pm Sunday that I saw it on TV."

"What can you think, your mind is racing at a high speed on what can be done. Above all life comes first pack a bag and leave. I was with my husband and kids."

"I was at work, Homestead Commissary. I rushed home to watch weather channel. My husband was in Korea. A Hurricane was my biggest fear during the 5 years at HAFB. I had mentally planned for one and knew in my heart that I wouldn't 'escape' HAFB without losing everything to a Hurricane. I put my plans into action."

"My reaction was shock because I've never been in a situation like this before. I was scared but we left before the hurricane hit Homestead. We lost everything, and we are still trying to cope with family problems."

"I was scared but my sister who lived in south Florida for 30 years tried to reassure me that it was nothing to worry about. I was with my son and husband. We tried to secure our house and pack to evacuate."

"Angry, we were supposed to leave for Lowery AFB in 3 weeks. I had just gotten back from a trip to PA and spent a frantic 3 hours trying to get our possessions ready for flooding. My husband was at work (HAFB). I was also caring for my four month old infant."

"Tense, anxious, and afraid, my husband had left Friday TDY. I was alone with our 2 daughters. A phone call to my husband eased my fears and I took action. He had briefed me long before if something of this nature took place what I should do. He just reassured me."

"Anxious and rather upset since my husband was stationed in Korea. I had to prepare my house by myself and buy the necessary supplies."

"I didn't think it was really going to hit, if it did, it wasn't going to be that bad. I felt we were being silly putting things in certain places. It was good being all together."

"I was worried and scared. We could lose everything including our lives, my husband and daughter, _____ (name). We were packing to evacuate."

"I felt a little concerned but not panicked. I guess I didn't really think that it would hit 'there'. We'd feel silly for freezing water, buying batteries etc. My main concern was getting things up off the ground in case of flooding."

"I was stressed because we were preparing to pack it out to Lowery AFB the week following the hurricane. I didn't have the time for a Hurricane, I had too much to do."

"My husband was TDY in Las Vegas. I did not know or understand what to do or where to go."

"I was with my husband at the time we heard on the TV that it was coming our way. I wondered where to go and was concerned for our pets. I was upset about it all. We were prepared as far as food and water which helped and the vehicles were in good shape. I worried about how much damage would be done."

"I knew we would be evacuated, but my husband had to go and take the boats to a safer place and I was worried that he would not be with us when we were told to leave."

"Disbelief, despite my husband's urging I refused to pack until the morning of the 23rd. I tried to talk him into staying. We evacuated along with another squadron couple and 2 dogs, 2 cats, and 60 birds to Melbourne. I felt very scared and sad."

"I stood at a local market for 3 hours trying to get emergency supplies. My wife had been recalled and I was running around the house trying to pack up and get on the road. I was like a mad man on speed."

THOSE NOT AT HOMESTEAD DURING THE STORM:

"My husband, daughter, and I were driving to San Antonio for my husband's TDY to Randolph AFB. We stopped in Houston (my sister's house) to spend the night on the 23rd. That's when we hear, my first thought was 'oh my God'. I felt helpless knowing we didn't even have the chance to try to protect our belongings. I could only think of the storm and imagine what our house would look like."

"Shock! My husband and I had not watched TV or listened to the radio for 2 days prior. We had just returned from the Miami Airport after our oldest son who had spent the summer in N.Y. My first thought was to stay despite my husband's insistence the kids and I leave. Being in the Civil Eng he had to stay at the base. A verbal fight took place and after the initial shock wore off, I agreed that with 4 children, one a 3 month old baby, I needed to leave. The next 12 hours were spent in packing 'the most important things' until the van was full. Mentally, I was running on automatic pilot doing just what need to be done."

DID YOU REMAIN IN THE HOMESTEAD AREA DURING THE HURRICANE? DESCRIBE.

YES

- * In own house/apartment (06%)
- * In family/friend's house/apartment (06%)
- * Slept in car (02%)
- * In building near base (02%)
- * Stayed to help/volunteer (02%)
- * In a shelter (02%)

"Family/friend's house."

"I went to my step-brother's house in Cutler Ridge, just a few miles from Homestead."

"We were in Cutler Ridge."

"Red Cross shelter, Miami Dade Community College South (Kendall Drive)- the college gym and theater area."

"We were at home, in the bathroom."

"In my own home out in the ReLands area."

"Our house is in Kendall. I packed in with flashlight, soda, beer, food, etc. in the game room of the house with 7 other adults."

"We have two children (one a runaway) plus four dogs. I was not leaving the area not knowing where my daughter was. We were in an evacuation zone. Since I worked at the University of Miami my son and four dogs went to the South Campus to stay with friends that I worked with. I could not find my daughter."

DID YOU REMAIN IN THE HOMESTEAD AREA DURING THE HURRICANE? DESCRIBE.

NO

"I would have stayed with nearby friends, but my husband and co-workers talked me out of it."

"We were in the Kendall area about 24 miles from Homestead but still fairly close."

WERE YOU IN ANY PHYSICAL DANGER DURING THE HURRICANE? DESCRIBE.

- * In home/shelter, structural damage, roof, ceiling, debris, glass, etc. (16%)
- * At work with structural damage (02%)
- * Because of lateness in evacuating (02%)
- * Water on road (02%)
- * Panicked drivers/careless drivers (02%)
- * Attacked by looters (02%)

"I was at work in Miami in a nursing home where there could have been significant damage from the Hurricane."

"The shelter I was evacuated to felt as if it were going to break apart. I had to move to 3 different rooms in the shelter to feel safe."

"The house shook and began to leak as it lost its shingles. The actuality of the real danger was realized when we saw the destruction early Monday morning."

"The house had all of the windows blown out, parts of the roof had been blown away, the whole house was flooded."

"The building I was in lost part of its roof. I had to supervise safe evacuation of 1600 people in 175 mph winds to the locker room outside in the basement. Debris was flying and the roof was falling in."

"We were in a shelter. The windows blew in and some water came into the building."

"We were evacuated 40 miles north to my in-laws' house and experience the heavy wind and rain, trees were falling all around the house."

"The house was coming apart and the glass was flying."

"We were in Ft. Lauderdale and had high winds also. We were supposed to be the target area."

"Now we realize we were okay, but Kendall was hit significantly. We did not feel safe thought in retrospect we were."

"It took us 9 hours to reach our destination. The traffic was bumper to bumper for some distances."

WERE YOU IN ANY PHYSICAL DANGER DURING THE HURRICANE? (cont.)

- "We were in the Cutler Ridge area. Windows were blown out. Everything in the house where we were staying was blowing all over the place."
- "We were evacuating patients and the windows started buckling and a few windows blew out. We had patients on respirators that had to be manually breathed."
- "We were still in the hard hit area and the walls to the house we were staying in were shaking and the roof was moving up and down."
- "Although we evacuated Homestead, we were still affected by the winds. The home we stayed in had many trees that were uprooted by the wind and blown onto the house."
- "We watched the dining room and family room blow away. We could feel the walls buckle in and out in the hall where we were sitting. Glass and debris were flying all around us."
- "We stayed with some friends in an upstairs apartment to be safe from the flooding. The apartment roof was missing, windows were broken, the core top of the ceiling in one of the bedrooms was missing. The walls were shifted and cracked the sliding glass door was blown in."
- "We lost part of the roof but the building held together very well. We were lucky. Unbeknown to me my daughter stayed in a house on the street next to our street and ended up in an air conditioning closet (tiny) with 3 other people. She thought they were going to die."

DESCRIBE YOUR ACTIVITIES, AND WHAT YOU WERE THINKING AND FEELING DURING THE HURRICANE.

- * Watched TV news about hurricane/radio (28%)
- * Concern for safety of family/self (26%)
- * Concern for friends (16%)
- * Concern for home/house/property (16%)
- * Fear/anxiety (12%)
- * Slept (06%)
- * Working/volunteering (02%)
- * Disbelief/why me? (04%)
- * Prayed (02%)
- * Stayed in hotel/motel (02%)
- * Evacuation/driving (02%)
- * Exhaustion (02%)
- * Had a meal/ate (02%)
- * Protected self (02%)
- * Slept in car (02%)
- * Time with family (02%)
- * Helpless (02%)
- * Surprise at force of storm (02%)
- * Talked with friends (02%)
- * Tried not to think about it (02%)

DESCRIBE YOUR ACTIVITIES, AND WHAT YOU WERE THINKING AND FEELING DURING THE HURRICANE. (cont.)

"We evacuated the area before the Hurricane hit."

"Waiting for it to be over and hoping there would not be many deaths."

"We were 'safe' in Orlando with family, trying to sleep when it actually hit but I can remember tossing and turning, wondering if it had hit yet and what the damage was."

"Scared, anxious and nervous. My son and I were in a motel in Orlando. I worried about our 2 cats we had to leave in our house on base. I worried about my husband not knowing where we were or if we were OK. I watched the news ALL THE TIME. I worried about our belongings and the car I had to leave in the carport due to having no one else to drive it out."

"I was worried for friends, for my house. I was watching the news closely."

"I was in my hotel room in Tampa. I fell asleep about 2 AM. At about 5:30 I awoke to a CNN report stating the eye was over Homestead. I felt deep shock and relief because we weren't there."

"Watching the news and worrying about the people that I knew."

"I was taking care of nursing home patients through the night and the next few days. I wondered if my family was safe."

"I praised the Lord for getting me and my children out."

"I was sitting in the hotel room with my son and our neighbor (whose husband was also TDY at the time) watching the TV and seeing the Hurricane move closer and closer to Homestead. I still refused to believe it would hit HAFB and that if it did hit there it would not damage our home. Monday morning when they announced on TV that HAFB was destroyed I was in shock. I went back to there that day and could not believe the damage. I remember crying so hard I couldn't stop and thinking where could I go. So we drove north toward my family. There was no where else to go."

"We were sitting in the dark at my aunt's house. Everything seemed to be shaking, I felt very frightened."

"We watched TV. After the power went out we listened to the radio. We talked with friends and comforted the children. I was not afraid during the storm. I just knew we would be OK. I did worry about how our house was doing."

"During the storm we went from room to room as soon as we could feel the rain and wind. At one point there were 7 of us in a closet. It was terrifying! All I could think about was just trying to get through it."

"The day before, I evacuated north of Florida and stopped in a shelter (Red Cross). There I couldn't imagine how bad it was. I only discovered it was a catastrophe on the day that we returned to Homestead."

DESCRIBE YOUR ACTIVITIES, AND WHAT YOU WERE THINKING AND FEELING DURING THE HURRICANE. (cont.)

"Supervising a major shelter operation; coordinating mass care feeding, handicapped evacuation, security, and local law enforcement. I was so busy, I didn't have time to think about my feelings until the roof came off. Then I was scared, I thought we might die."

"We listened to the radio, helped prepare food for others in the shelter. I read and played cards."

"I was somewhat concerned but I slept through most of it."

"I sat in the hotel. I couldn't sleep. Time had no meaning. I felt helpless and felt an inevitable loss. I had a terrible fear for the lives of friends who had stayed and for my pets left in the house. Last, I felt numb. I cried when the children were sleeping- I had to stay strong for them."

"I was very scared of tornadoes in the Hurricane."

"I was so scared. I was scared the house might blow up including us or that we would get hit by broken glass."

"I was thinking how we were going to be surprised, everything was destroyed. We lost everything."

"We helped get our friends' house ready, put water in many containers, etc. beforehand - then we tried to sleep until the wind was too bad. Then we seemed to go from room to room trying to find the safest place. It was terrifying. I just wanted my baby to be safe and was never so scared for 2 hours."

"We did not go to sleep at all. We heard all the trees breaking, power lines snapping and transformers exploding. My car was moving because of the wind. I thought that the shelter or house that we were at was going to be destroyed."

"We were 6 miles North of Naranja Lakes (Cutler Ridge). We (my husband, a 63 year old man, daughter, dog and I) were in a bathroom (very small). I thought we were going to die!"

"It took us 16 hours to drive to Tallahassee which normally takes eight. We were tired and sick due to the long drive. But we couldn't sleep so we watched the TV coverage. All I wanted to do was to start driving home. When the hurricane hit we were out of the area so I thought if we drove on back there we could get the water out of the house before damage was done."

"When we left Homestead that day we had no idea where we were going. The traffic was terrible that day. My main worries at that time were the stupid drivers and the way my pets were acting. They were crying and upset. They didn't understand what was going on at the time. It made me cry to see them so upset and to have our lives upset that way with no idea where to go or what to do."

DESCRIBE YOUR ACTIVITIES, AND WHAT YOU WERE THINKING AND FEELING DURING THE HURRICANE. (cont.)

NOT THERE

"I woke up early Monday morning and watched the weather channel to find out the storm indeed hit Homestead. It didn't turn like I was praying it would. I could only imagine in my mind what happened to our house and think that we never had the opportunity to get flood insurance. I thought it would flood and kept trying to think of what might be saved. It didn't matter we were safe. Maybe because we weren't there. I felt numb just watching the storm move across Homestead on the TV. I felt helpless. Should we turn around and drive back now?"

"We were watching the progress of the Hurricane on TV in a hotel room along with 2 other families from our neighborhood. I felt disbelief that this was happening and hopefulness that our homes would be spared from the damage alternating with despair that we had lost everything."

"The power went out and about three inches of water was on the floor. We had no water and patients were everywhere in the hallways. The suction on the doors was so bad we could not open them. I was worried about my family who was there and trying to keep the patients calm. I wish that I had not stayed behind to work."

"We stayed laying down in the hallway of the house and tried to stay together. We listened to the radio ALL night and the next day. It was a terrible lost feeling. There was nothing you could do."

WAS ANYONE IN YOUR FAMILY INJURED? DESCRIBE.

- * Cuts/scratches/bruises (04%)
- * Burn (02%)
- * Re-injury of knee/back (02%)
- * Fall injury (02%)
- * Stroke (02%)

"The day after the Hurricane, my husband, my grandparents and I were returning to Homestead, to learn how everything was there. On the way my grandmother had a stroke."

"I missed a step off of the stage in the evacuation center, and injured the soft tissue in my left knee."

"I lost two cats that were in the house."

"My son cut his finger on glass when we went back to salvage some of our belongings. He received 12 stitches."

"I stepped on a nail that went through my right foot."

**WHAT HELPED YOU THE MOST DURING THE HURRICANE, THE EVACUATION,
AND THE RESETTLEMENT?**

- * Family (48%)
- * Friends (18%)
- * Other bases (14%)
- * Faith in God/prayer (12%)
- * Air Force/AF financial support (10%)
- * Insurance (08%)
- * Red Cross (06%)
- * Money/financial outside support (06%)
- * Resettlement selection (04%)
- * Know the right people (02%)
- * Self (02%)
- * Nothing (02%)
- * Knowing family was safe (02%)
- * Learned for future (02%)
- * Preparedness/previous information/being kept informed (02%)
- * Tyndall family support center (02%)
- * Geographically okay (02%)
- * Alcohol (02%)

"The people around us. People we never knew before were suddenly there for us. We thanked the military personnel that reacted to our needs immediately after the Hurricane."

"Family friends, classmates, and family services."

"During the Hurricane NO ONE was there. My son and I were on our own, with food supplies. During the evacuation, \$200, and having my husbands truck was most helpful. Afterwards, the safe haven at Patrick AFB, the personnel, family support center, my husband, Red Cross. Finally resettlement and getting in a home and out of the motel/quarters."

"The evacuation and its procedures were extremely flawed and must be reevaluated (was at home waiting for husband to return from evacuation of F-16's). The support of my family and our close friends provided most of my emotional support. The Macdill, Tampa community was great in meeting our needs and offering its support and empathy. The resettlement added stability and allowed our family to return to its daily life."

"Having extended family members in the area to live with."

"MY HUSBAND"

"The evacuation helped me know that Jesus is with his people no matter what. The resettlement helped me know even if we do not have any money or furniture, God will provide."

WHAT HELPED YOU THE MOST DURING THE HURRICANE, THE EVACUATION, AND THE RESETTLEMENT? (cont.)

- "I would have to say my family. When my mother heard about the hurricane she had my brother and brother-in-law come to Florida to meet me halfway. We met at the Georgia/Florida boarder. I was never so glad to see my family as I was that day (Wednesday). As for the resettlement, I would have to say the WPAFB service members helped most. They gave us priority housing and also processed our claim very quickly."
- "Knowing that God was in control. We stayed pretty busy and tried to help others salvage what they could and we could. After we moved to Colorado Springs, Peterson provided temporary housing and a 'Homestead Room' with food, clothes, linens. Our family took our children so we could pack the and help others."
- "During the Hurricane I kept thinking about my husband. Afterwards we were relocated to Ohio, where my family lives."
- "Help from the Red Cross."
- "The people who came up after the storm to give us food and water because we were not leaving the area, it's our home."
- "Keeping the whole thing blocked out and just doing what I was instructed to do. I just acted like nothing happened even though there was devastation all around me."
- "Taking life in segments, first in hours, one hour at a time (for several weeks)! Then one day at a time, then one event at a time for several months. Eventually, a week at a time, always trying to remember that things would fall back into place with time. I still don't look too far ahead. Only as far as I know that there are concrete things to plan for or deal with. Several weeks, maybe a month ahead."
- "Knowing that everyone was safe, and that even though we lost 20 years of living, that people all over the US helped, with God's help."
- "In addition to family, knowing that my husband would still get a pay check."
- "Being with my HUSBAND and children out of the area. The Red Cross helped us the most with food and clothing."
- "Being informed and close to family."
- "Once decisions were made it was easier."
- "Life goes on. Fortunately we had no financial bind. We have always thought ahead and saved, plus the government compensation for our losses. Though it was not 100%, it helped us feel that it all was not a total waste."

WHAT HELPED YOU THE MOST DURING THE HURRICANE, THE EVACUATION, AND THE RESETTLEMENT? (cont.)

- "Staying strong for my daughter - keeping as calm as I could. Resettlement started off okay, but even now I have a real tough time - I'm not as resettled as I would like to be."
- "When we arrived at MacDill AFB on Tuesday, I didn't expect to see so many people from Homestead. I thought at that time we were the only ones who hadn't gone home yet. The evacuation team had everything under control. I was 2 weeks away from giving birth to my 4th son and that very day I was seen at the hospital. We had a hotel room and money that afternoon. The Crew there was great."
- "What helped me and my family the most during the Hurricane was the information we received about the area, home, people, etc. The evacuation was thorough because the Security Police gave specific instructions on the evacuation. Resettlement information came in late August."
- "Having my husband with me because without him I would not have made it as well as I did. Also having our pets with us because they are like our children. They are in some ways our life. The caring of people who didn't know us but cared about our loss and pain helped. And I'd like to hope I could give some of that back someday if given the chance."
- "Having my husband and all of my animals safe with me was a great comfort. I found a job as soon as we moved and went back to work 1 day after arriving at our new base. I stayed busy so I didn't feel as depressed."
- "Getting the claim forms from the government. All the Volunteers."
- "The wonderful people at Patrick AFB, FL."
- "The friends we have. The support from the Air Force. The supplies. The support from the civilian community around MacDill AFB was outstanding. The BX, Credit Union and family support at MacDill, AFB."
- "During the hurricane and evacuation I got support from my friends. As far as the resettlement I felt completely alone. I lost everyone who went through it with me. We went to a state where nobody really cared or understood."
- "Just knowing that so many people cared about my safety and that material things really didn't matter all that much helped a great deal. Two of my sisters and their husbands drove down from Missouri with roofing material and drove straight through to Homestead on Thursday the 27th, the same day my husband arrived home from Kuwait. Within 2 days the 6 of us cleaned out almost all of our debris and put on a temporary roof (no leaks)."

AT THE TIME OF THE DISASTER AND THE WEEK THAT FOLLOWED DID YOU PROVIDE SUPPORT TO ANYONE WHO WAS UPSET BY THE DISASTER? DESCRIBE.

- * Family (44%)
- * Friends (20%)
- * Neighbors, place to stay, supplies (14%)
- * Coworkers (10%)
- * Other evacuees/victims (08%)
- * Community/base physical support/supplies (04%)
- * Emotional/mental/moral support (04%)
- * Protection for others (02%)

"My friends and I provided moral support to each other."

"I provided support for my husband, I tried to act strong for him. I knew that with the houses and the Air Force he had a lot more to deal with than I did."

"I ran into a coworker at Patrick AFB hurricane victims meetings and my son. I couldn't find friends, co-workers or supervisors. Everyone went their own way."

"Our immediate family ties are now closer. We were more open in communication. Our friends allowed us to express our stresses and provided understanding because of similar experience, frustration and anxiety was reciprocal."

"I provided support to my co-workers, of whom many lost homes and vehicles but not life of immediate family members. Having your life and family was important."

"I provided support to the people I saw from the church."

"I provided support to our neighbor at HAFB, who went with me during the evacuation. Her husband was TDY and she was young and didn't have much money to go by herself. She was also very upset and frightened. I thing we gave support to each other and I was glad she was with me."

"We drove out of the Homestead area on Tuesday. On Friday we transported an invalid and his wife out of the disaster area. On Tuesday and Wednesday we rented a Ryder truck and bought plywood, tarps, generators and other supplies to bring back. A donation drop was established at a church in Venice, Fl. About \$8,000 in supplies - water and food - were donated. The church gave us \$3,500 to cover the cost we had put on our charge cards. The Ryder truck was sitting very low on the shocks. We obtained a pistol for protection and returned to Homestead early Thursday morning. The next few days we spent fixing the house. We stayed in the area, and getting and distributing supplies to our neighbors and those in our church at Princeton."

AT THE TIME OF THE DISASTER AND THE WEEK THAT FOLLOWED DID YOU PROVIDE SUPPORT TO ANYONE WHO WAS UPSET BY THE DISASTER? (cont.)

"As a Red Cross Disaster Services caseworker, I provided lots of emotional support to victims and coworkers. Also, due to my status as a military wife, I supervised all calls by military family members to Miami Red Cross through the end of September."

"My husband was very upset with the slow process of everything and I comforted him. My co-worker was upset, I explained that she had insurance to cover everything and that she had nothing to worry about."

"I provided support to my five year old son."

"I provided support to my husband and children. My husband had a lot of bad dreams. The children were on edge a lot."

"I was right there when the kids needed to talk or cry. Also, my husband and I held each other a lot, cried a lot, and reassured each other it would be OK. A lady who lived behind us, who I really didn't know that well, but I just stood there and held her while she cried, it seemed to help her."

"I acquired a van of food from the United Way in Cape Coral FLA and took it to friends in Leisure City. The food was used by 8 families. I spent one week helping friends patching their roofs and cleaning up debris, etc. I helped anyone in the neighborhood who needed help. It was easier to help other than to focus on my own losses."

"I provided support to the members of my church."

"I provided support to the other families who had lost everything, too. Just talking to each other and supporting each other helped."

"I provided support to a friend who was in Miami at the time. The help I gave was just to listen. To talk about the loss of our houses and the move that followed. Most of all a lot of listening."

"I provided support to my spouse, the first week we depended on each other a lot. But the real stressful time was after we were allowed back on the base (5 days later) and spent 3 hard days of labor cleaning and salvaging then driving 2 hours to a hotel."

"I provided support to a neighbor, I brought her with me, her elderly mother, and son. She was alone. I also supported friends I encountered at the USO where I was trying to contact a neighbor's sister, my daughter, my husband's family. The sister of my neighbor who also lived in Homestead, got lost on the drive to Orlando."

AT THE TIME OF THE DISASTER AND THE WEEK THAT FOLLOWED DID YOU PROVIDE SUPPORT TO ANYONE WHO WAS UPSET BY THE DISASTER? (cont.)

"We stayed for over a week at a friend's house, off-base. Everyone helped everyone. You don't think about the elderly people living alone, who had no one. There were plenty of them around and it was great to be able to help them. I mean everyone's house there was messed up bad. At least we could help."

"We brought food, water, diapers, etc. to Cutler Ridge and Homestead. We gave our radio to an 83 year old woman right after the Hurricane (we had two.)"

"My husband is a first sergeant and he was there for his squadron continuously but there were so many times the wives "cried" or complained to me. It actually helped me, too, because many of their fears were mine."

"I helped my best friend off-base pack her home and leave. I also helped in getting her husband home from Korea. I worked closely with all my co-workers and we all helped each other both emotionally and convoying to Homestead to salvage personal items."

"My husband and our pets. Our pets knew something was up because of my crying so much. They know when I'm upset and stick beside me more. I only wish they could have understood all of it."

"My husband was a senior enlisted member, therefore I went to most all of the meetings to comfort anyone in need. My husband spent a lot of time taking care of evacuees at MacDill so I was on my own."

"We were packing up at the house when my neighbors came up. The wife was visibly shaken. I stopped what I was doing to hold her, let her cry and talk until she calmed down."

"I provided support to the friends we stayed with during the hurricane, the wife was blind; therefore, it was difficult for her to sense things. It was very difficult for her to adjust."

"I provided support to all of my children. My five year old had trouble understanding that his home was gone. My 11 year old had just returned home that day after being gone all summer, he didn't even get to unpack his bag or sleep in this bed. My 13 year old had lost all of her CLOSE friends and her possessions. And my 3 month old was teething and totally confused."

WHAT WAS YOUR MOST IMPORTANT BELONGING THAT YOU WERE NOT ABLE TO SALVAGE?

- * Pictures and memorabilia (50%)
- * Furniture/carpets/bedroom set (16%)
- * Books (04%)
- * House (02%)
- * Way of life/safety (02%)
- * Important papers/certificates/awards (02%)
- * Computer (02%)
- * Locker (02%)
- * Jewelry (02%)
- * Antique sewing machine (02%)
- * Baby/child toys/clothes/keepsakes (02%)
- * Lawnmower/chainsaw/tools (02%)
- * Electronic equip (02%)
- * Clothing (02%)
- * Car/truck & camper (02%)

"Personal items such as pictures, family videos, wedding pictures etc."

"Personal items, family pictures and sentimental belongings."

"Family photographs but most were OK."

"My bedroom suite, my pictures of footprints, and family pictures."

"My first wedding band and engagement ring."

"Childhood keepsakes of mine and my husband's, high school yearbooks."

"The living room and dining room."

"My Grandmother's china closet."

"An antique cedar chest that my father-in-law gave to my mother-in-law for their wedding."

"My boat."

"Slides, photographs and my mother's antique dresser."

"When you make a nice home everything means a lot to you. We had to give up our kitten, he was very important."

"Some photos of my oldest child."

"Most everything important to me was salvaged. I took some things with us and protected the most important things in the house."

WHAT WAS YOUR MOST IMPORTANT BELONGING THAT YOU WERE NOT ABLE TO SALVAGE? (cont.)

"The only picture of my mother when she was 18."

"Furniture, I suppose. The things that were really important to me, like heirlooms, were safe. We had prepared."

"Caleca dinnerware I bought in Sicily that I could not replace here."

"I had a '4th Grade Reader' from 1872 which was my Great-Grandmother's. It was ruined. Also one family album of pictures was destroyed but the rest were salvageable."

"The pictures of my children from birth through 15 years old, video's we had taken of the children touring Okinawa, and several needlework pictures I spent many hours stitching."

"Pictures and the old family china."

"My children's new bedroom set."

"Work clothes"

"Items left to me by my grandmother, two wooden candleholders and a mirror. Also my clock given to me by my kids when I was still married to their father 10 years ago."

"Things that had been passed down from my grandmother (china, books, ornaments) and items from my childhood, certificates awards and bibles."

"Everything that we didn't take with us."

"Art."

"My collectibles, like dolls, stamps, and some of my coins were destroyed with my cookbooks and photos."

"ALL OF MY CHILDREN's baby books, clothes, furniture that had been given to us by my husband's great grand parents. The items that we collected overseas!"

"A new tree that I just planted 3 weeks earlier while I was on military terminal leave. It was a new home. A new tree and a new beginning for myself."

"Can't answer this question."

"I really don't know where to start for this one. I had so many of my family's heirlooms that were not salvageable. I lost a 200 year old bookcase from England, mementos from 17 years traveling around the US in the AF with my husband. Everything in that house was my/our life."

WERE YOU PERSONALLY AFFECTED BY LOOTING? DESCRIBE.

YES

- * Few items (08%)
- * Survival necessities (04%)
- * Tools (04%)
- * Video/audio equipment/video tapes/cds/electronics (04%)
- * Unsure (02%)
- * Kitchen appliances (02%)
- * House/apt broken into (02%)
- * Bicycles (02%)
- * Furniture (02%)
- * Camera (02%)
- * Motorcycle (02%)
- * Clothes/jewelry (02%)

"Someone went into the garage and took all our camping stuff that I had put together for us to use when we returned (stove, propane, oil, gas, and some food)."

"We lived on base, across from the commissary, a very visible area. It felt safe. But our house and utility shed were looted. We were told by SP that the Reservists were caught all over the base. They acted SP-like, it was no big deal. They stole our lawnmower, tools, fishing equipment, other stuff. Someone had been in the house, too."

"Everything we lost was replaceable."

"There were a lot of my belongings that were gone due to looting."

"When I went back to HAFB that Monday, the fences behind my house were down. When I made it into the house I noticed that our VCR and tapes were missing. When my husband went back to the house one and a half weeks later there were also other things such as David Winter Cottages, Hummel figurines and jewelry missing."

"We lived ON BASE. Every time we went to the house something else was missing, electronic, art, sofa cushions, you name it! SECURITY SUCKED!"

"Stolen 25" TV, VCR and a gold watch."

"The computer's disappearance, etc."

"Our neighbor told us that people kept telling him the things of ours that they wanted. It helped that he was able to live in his house and keep an eye on ours. Also, we had National Guard in our area."

"Many things were missing from the house."

"My 20 year old daughter went to estimate the damage to our home and get some clothes if she was able and check for her friends and their families. She said they were already people passing by to see and seemed to be taking items."

WERE YOU PERSONALLY AFFECTED BY LOOTING? DESCRIBE. (cont.)

YES

"When we got back to our Condo and a lot of our things were gone."

"My son's mountain bike had been stolen and the person that stole it left a message that was carved into a piece of drywall."

"Mostly item that were needed for survival were taken i.e., propane tanks. Also several tools and a weedeater were gone."

"Two nights in a row were had looter, but we managed to scare them off. Nothing was taken."

"They took our freezer out of our house and other personal items."

NO

"We stood armed guard on friend's property during the evening hours. We didn't trust anyone after dark. We also guarded the home from a wandering pack of dogs looking for food, and fired several times to chase them away."

"No, however when we went back in December our house had been gone through by a gang, etc they wrote all over the kid's rooms."

DID YOU HAVE CONTACT WITH ANY OF YOUR FRIENDS OR NEIGHBORS FROM HOMESTEAD AFTER YOUR EVACUATION? DESCRIBE.

- * At new base with old friends/coworkers (18%)
- * On duty/clean up w/friends (16%)
- * Called friends/coworkers (14%)
- * Met at MacDill (08%)
- * Wrote friends (04%)
- * Visited with friends (04%)
- * At town meetings (04%)

"After we arrived at Moody AFB, I called the emergency number to find out if some of our friends were still in the area. Three days later I received calls from two of our friends that were evacuated to Orlando. Some of our neighbors contacted us at our hotel within a week."

"The two elderly ladies next door to us. They moved into a hotel in the Orlando area so we were able to see them. We still call each other even now."

"Most of our close friends evacuated to Tampa with us. Some did not, for those individuals we did not contact them for a range of 2-7 months after our resettlement."

"I saw them on the base after it re-opened."

DID YOU HAVE CONTACT WITH ANY OF YOUR FRIENDS OR NEIGHBORS FROM HOMESTEAD AFTER YOUR EVACUATION? DESCRIBE. (cont.)

"I saw my pastor."

"On the Monday after the Hurricane, I went to my job site which had suffered severe structural damage but remained open. I had many friends there. They had stayed through the hurricane with the residents."

"I stayed with a friend who lived six houses down the same street."

"Our friends from church remain in contact with us. After we had packed our household goods and moved them to a temporary storage place, we returned to Homestead to say goodbye to those we could find."

"The manager of the apartment that I used to live in."

"We had a mental checklist of friends and coworkers each of whom we need to find, just to make sure that they made it. We drove around Homestead, Orlando, Patrick AFB, and MacDill until we found them all!"

"We all checked to see where everyone was living. We kept in touch with each other."

"When we went back to the base to get our orders, travel pay etc., we saw some of our friends waiting in lines."

"A friend of my husband from his work called, TSGT X, from Patrick AFB."

"We ran into a lot of people at the bases and it was so great to know they were OK. Plus our friends that were not military called. They lived in our neighborhood."

"We visited with friends that were evacuated to Patrick and made calls to those friends evacuated to MacDill."

"We had a network of people along the west Coast of Florida. We passed info by phone as we heard it. If someone went to Homestead prior to the base opening, all accounts were passed to a lot of the others."

"Other families, neighbors from Homestead that left at the same time."

"I found out that my friend had evacuated to Winter Haven. Her neighbor gave me my friend's phone number and I called. I wanted to visit before leaving Florida. This was my son's best friends family."

"When we went back on base to clean up, we saw some neighbors. We also drove see to some friends houses to say goodbye."

"We went back to Homestead after we got somewhat settled in our motel by MacDill. We went to VFW Post 4127 and left our new forwarding address to Griffis, NY, our new base."

DID YOU HAVE CONTACT WITH ANY OF YOUR FRIENDS OR NEIGHBORS FROM HOMESTEAD AFTER YOUR EVACUATION? DESCRIBE.

"At the evacuation center at MacDill and my husband's entire squadron was sent to Lackland so we still have contact."

"My co-workers all started 'showing up" at our District Office at Patrick until we were all together, except for the boss. We stayed together for emotional support. My husband (AD AF) never heard or found any of his co-workers. Evacuation was very disorganized and confusing."

"I was a barber at the NCO club so I ran into friends and customers in various locations."

"We telephone each other to see how we were. Some came to the house and helped us if they could."

"We saw some friends (the military ones) who came to Patrick for shelter, but civilian friends, we weren't able to contact until we went back to the disaster area."

"My husband's friend stayed at his house and had telephone service. He informed us that our house was destroyed."

"My neighbors go back to Homestead on Wednesday and called me in Melbourne with the condition of my home. I spoke to many of my friends over the next week as we began finding each other."

"Its' a link that we all still need. Everyone that I personally know who has been moved to other bases feels very displaced."

NO:

"We didn't know where they were."

DO YOU FEEL THAT ANYTHING POSITIVE HAS COME OUT OF YOUR EXPERIENCE WITH HURRICANE ANDREW? EXPLAIN.

YES

- * Choice of base (18%)
- * Learned what's important, not material thing (14%)
- * Out of bad area (08%)
- * Family stronger (08%)
- * New, fresh start (06%)
- * Prepared for next time (06%)
- * God and faith helped (04%)
- * Self confidence/positive self esteem (04%)
- * Stronger from experience (04%)
- * Air Force does take care of its people (04%)
- * Trust others more/know who true friends are (04%)
- * Good insurance (02%)
- * Better financially (02%)
- * Keep better records (02%)
- * Don't take basic necessities for granted anymore (02%)
- * Earlier separation date (02%)

NOA

- * Financial problems (02%)
- * Bad move (02%)
- * No job (02%)
- * Family problems (02%)
- * Bad retirement (02%)
- * Lost items that can never be replaced (02%)

"NO. It was a disaster. Nothing can come out positive but I learned about the nature of disasters."

"NO. Having to sell my home (not sold yet) and move away. I lost my job and when I found one it was 3 grades lower. I lost a lot of friends, life has been turned upside down."

"We were not allowed to get our pets out of the base until 5 days later and we heard many rumors that the pets were being let loose."

"To be honest, I can't think of a damn thing!"

"It has been one struggle after another because my spouse retired 2 months early after 20 years. In February, what we did save burned in a warehouse fire and now the government is giving us a hassle on our claim."

DO YOU FEEL THAT ANYTHING POSITIVE HAS COME OUT OF YOUR EXPERIENCE WITH HURRICANE ANDREW? EXPLAIN.

YES

"Sometimes we take a lot of things for granted like spending more time with our family, children, friends, etc. We have come to value material things more and more everyday. I have learned that sharing our feelings with others is more rewarding and that there's always something worth living for: LIFE!"

"Help other people be prepared."

"I feel that if I could go through losing our home that with the love of my husband I can survive anything. I'm a lot stronger that I thought I was."

"I found out that the Red Cross really does help. They helped get my husband home. I REALLY appreciate all the help from Patrick PERSONNEL, AIR FORCE, and VOLUNTEERS. They took care of us."

"I think I'm a little stronger."

"It has allowed us to move closer to our extended families. Our family is closer and our children are receiving more positive re-enforcement since HURRICANE ANDREW. Our children still worry about another Hurricane coming to Colorado."

"Moving to Fort Walton Beach was the best thing that happened to me. We have been trying to get here ever since my husband has been in the military."

"It brought me closer to the Lord. I know without any DOUBT. The Lord is with you no matter what happens, no matter what!!"

"The only positive thing is that we are closer to our families. I loved the Homestead area and my home there, but it is no longer there. Though we have bought a new home here in Ohio, it just doesn't replace the one in Homestead. I still feel a great sense of loss and probably always will."

"I saw God's hand of protection. I realized support from my friends. I was able to give to others. The insurance company paid promptly (Allstate) and we were able to pay off our debts. We were able to buy some new furniture due to having REPLACEMENT COST coverage."

"We were relocated to Wright Paterson AFB close to my family."

"I learned that I and a survivor. NOTHING can bring me down, except a fatal injury or illness."

"We were able to furnish our new home and make changes that would have taken 5-8 years otherwise."

"Moody is a much nicer place to raise children than Homestead. If not for the Hurricane my husband would not have seen his father before he died. His father died about 2 weeks after the hurricane. We stayed with them about 1 1/2 weeks."

DO YOU FEEL THAT ANYTHING POSITIVE HAS COME OUT OF YOUR EXPERIENCE WITH HURRICANE ANDREW? EXPLAIN.

"That you don't take life for granted. That the most important things in life are family, friends, and being alive to greet another day. Because it can all be taken away in a matter of minutes."

"Leaving Homestead."

"It gave us a chance to get rid of things we didn't need."

"To be prepared for this situation in the future."

"The present schools and area are safer for our children. Material things are not as important."

"We were given our base choice after my husband was released from his section at work. He chose Randolph AFB, TX. On a one week visit to mother, we found she was sick and we brought her back to live with me and to be seen at WHMC. There, she was diagnosed with cancer and later died. I was able to be there with her. It was such a hardship as far as living expenses driving back and forth to the hospital from Randolph."

"I hated Homestead after being there for 13 years, I was glad to leave."

"Life is fragile and short (can be)."

"I'm less concerned with possessions overall but more careful with emotionally valuable ones. But other than that I can't think of anything good."

"I appreciate the support of the AF (Air Force) family more. I learned how precious life is and the importance of family and friends. I have new furniture, too."

"I feel even closer to my husband. I know first hand what it feels like to be homeless and confused so I no longer look down at people in those situations. Also, I will be prepared for the worst."

"I am very thankful that my husband is in the service and they took care of his needs."

**HAVE YOU OBTAINED ANY MEDICAL CARE SINCE THE TIME OF THE HURRICANE?
DESCRIBE NATURE OF THE PROBLEM.**

- * Cold/virus/infection (12%)
- * Mental/family stress/general stress (08%)
- * Neck/back (06%)
- * Allergic reaction (04%)
- * Physical (04%)
- * Broken bones/pulled muscle (04%)
- * Chest/joint pains (02%)
- * Skin cancer (02%)
- * Daily care for diabetes (02%)

"Routine annual PAP smear, obtaining refill for medication, and talking with a neurologist about my present problem."

"I have anxiety problems under unusual stresses."

"I broke my foot recently."

"I had an operation, there are times the pain just comes back."

"We have moved so many places and my husband was going to retire, money, time to live but it was just like 'hell'. I was so stressed, my hearing got worse."

"Knee injury (worker's comp-Military mis-diagnosed me twice and the refused to schedule me for 6 weeks so I went through hell). I also had stomach pain, cramps, nausea, migraine headaches."

"I couldn't get my annual dental exam the office was closed or relocated."

"Bronchitis and gynecologic problems"

"Asthma attacks"

"A preexisting condition, breast pain"

"Chronic recurring neck pain, it seems to be caused by a disc in my neck. The pain began the week after the hurricane, after excessive physical work and lifting."

"Flu and urinating blood."

"I sought medical care when I became pregnant."

"Stress, infection, and headaches."

"Due to the cold wet climate, I've had trouble with sinus infections."

"High blood pressure."

"Female problems, change of life."

"Gall bladder surgery"

**HAVE YOU OBTAINED ANY MEDICAL CARE SINCE THE TIME OF THE HURRICANE?
DESCRIBE NATURE OF THE PROBLEM. (cont.)**

"I gave birth 1 week after the hurricane. Initially I lost a lot of weight. Now my weight is higher than my pre-pregnancy weight. I have a skin rash that the Drs. can't diagnose."

"A support group would have been great and therapeutic for 'the group from Homestead' to have and outlet to vent feelings. People are still trying to get over the impact and those from Homestead all have a common bond."

"I had to go to the emergency room one weekend at MacDill for pulling a muscle in my back moving stuff and then at Luke AFB once for the flu."

"I am having trouble with stress and muscle spasm in my back."

"I no longer have insurance since leaving my job upon PCS move. I am awaiting a job with insurance to evaluate for possible endometriosis and infertility."

"I have gotten medication for headaches. My 7 year old granddaughter has a lot of emotional problems and is being treated slowly."

"I needed an annual pap smear and follow up. I felt unable to cope after the Hurricane, but knew of no program set up to handle it. Even if there was psychological help set up to help Homestead Evacuees we did not hear of it."

"I went to the chaplain at the base. I am still feeling a pile of problems in the move. I'm a full time student at college now and I don't have a job to help out financially. I had to set up house look for prices of things we lost while my husband was at work."

"I have been seen for migraine headache and psoriasis. I have a history of both. Psoriasis increased after the hurricane as with any stress. It is better now."

"I get very depressed at times and still cry sometimes. I have no support from husband and coworkers and the general public has no idea what you've been through!"

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE HURRICANE FOR YOUR ADOLESCENT CHILD? DESCRIBE.

- * Loss of friends/property (26%)
- * School change (12%)
- * Seeing home destroyed (08%)
- * Hurricane experience (02%)
- * Separated from family (02%)

"Entering a new school in his Junior year of High school."

"She saw her room destroyed. Things she had as a baby, things she knew she would not see again."

"Losing touch with friends and belongings."

"Seeing all the destruction the next morning. Leaving his best friend behind was difficult. Also seeing our neighborhood a couple of weeks later."

"The unknown, where to live, new schools, etc."

"Having to move so fast, not knowing if her friends were alive or dead, not being able to start college right away."

"Moving away from school and trying to make new friends."

"Losing contact with some of his close friends. Going to a new school and repeating some classes because the new school didn't offer advanced classes."

"Not having her father there at the time in Homestead (father is the head of the house, protector, provider, etc.). Leaving her friends."

"Her being pregnant."

"Losing everything and getting transported all over the place then getting reestablished in NY."

"We moved to Homestead in Aug 91 and on base in June of 92. Our son didn't now the kids on base and only half or less of this 8th grade class would go to his high school. He was very nervous and excited about starting High school. He is very selective about his friends and had very few. He spent the week before the hurricane at band practice. He was suddenly looking forward the 9th grade with band and honors classes."

"My oldest son lost everything in his room. He was separated from his best friend and they still contact each other often. There was no formal good bye. He matured that week into a young man."

"Losing his belongings, friends and home."

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE HURRICANE FOR YOUR ADOLESCENT CHILD? DESCRIBE. (cont.)

"For her to try and understand that we lost every thing."

"Not having a home and seeing the damage that it did."

"Deciding whether to stay with friend and finish high school or go with us to our new home."

"He did not have a thing left out of his bedroom. The hurricane also killed his dog, hamsters, and fish."

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE EVACUATION FROM HOMESTEAD FOR YOUR ADOLESCENT CHILD? DESCRIBE.

- * Losing contact with/leaving friends (12%)
- * Uncertainty/confusion (12%)
- * Not being able to take everything wanted (10%)
- * Changing schools (04%)
- * No place to stay/loss of privacy (02%)
- * Losing job (02%)
- * Not sufficient time to deal with situation (02%)

"Leaving behind his friends."

"Our car had broken down, my daughter knew we could not drive the car to Jacksonville Fl. But we did !! Praise the Lord!!"

"Leaving certain things behind."

"Not being able to see his best friend before he left the area. Having to start school 2 times and never getting to go to the school he'd been looking forward to."

"The uncertainty of where we were going."

"She did not know what to take. Everything to a child is valuable."

"Having to leave so much behind, no time to plan, just having to go."

"Wondering if we will ever live in Homestead again."

"School- She was a Senior."

"Now knowing he might not have a house to come back to."

"The long 9 hours of driving gave way to many thoughts and emotions."

"Losing all of her personal belongings and having no home; plus, losing a good friend (she got killed)."

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE EVACUATION FROM HOMESTEAD FOR YOUR ADOLESCENT CHILD? DESCRIBE. (cont.)

"We couldn't take everything with us and he fretted until he found out his comic book collection were okay. He took extra care to protect them. But his biggest worry was about school. We kept waiting for orders and he knew he was getting farther and farther behind. By the time we got orders and got to Lackland he started school 6 weeks late."

"The insecurity of the whole thing. He and I tried to secure quarters while my husband was at work. He was anxious and excited, the same as everyone else."

"The long road trip."

"I sent her to NY, being away from us at this time was most difficult."

"Being uprooted again, not knowing where I was going or where his father was or why the boats were more important than the family."

"The unknown and not being able to tell her friend good-bye."

"Just explaining to the kids what a hurricane can do."

"My inability to take control as of the 24th of August. Mom is usually the most strong, calm and supportive. I couldn't come through for my kids. Also we wouldn't allow the kids to go back to HAFB."

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE MOVE TO YOUR NEW BASE FOR YOUR ADOLESCENT CHILD?

- * Changing school (16%)
- * New people/friends/environment (14%)
- * Leaving friends/loneliness (12%)
- * Move experience (04%)
- * Loss of property (02%)
- * None--has adapted well (02%)
- * Uncertainty (02%)
- * Didn't make the move (02%)

"Making new friends."

"Leaving his established friendships and social positions in school."

"Her friends, not knowing where they were."

"Re-adjusting"

"Leaving best friend. It was 3 months before he could even talk on the phone due to service outages in Homestead. Adjusting to new school, it was his first public school."

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE MOVE TO YOUR NEW BASE FOR YOUR ADOLESCENT CHILD? (cont.)

- "Adjusting to the new residence."
- "About the same as another PCS move."
- "Not being able to go back and say goodbye to friends. It's not the same in letters or on the phone."
- "Going to 2 new schools in a very short period of time."
- "Meeting new friends, going away from aunts and uncles and cousins, adjusting to new schools (this is the 3rd move since Andrew)."
- "Leaving her friends behind, making new friends in her new school. She is a Senior."
- "Having to make new friends, a new school, and most of all having to try to replace personal belonging."
- "Once again, school. He's an 'A' honor student and because we had no records they wouldn't put him in honors classes at first. He missed out on marching band which disappointed him."
- "Losing a good friendship that he had developed."
- "Waiting to get settled in at our new base."
- "Leaving her friends and school without being able to say good-bye."
- "This is the third move in less than one year. How many times can you keep uprooting children?"
- "The area here isn't as bad as far as crime. She has more freedom here."
- "Losing his sister - she ran away back to Miami after we went to Wright-Pat. Leaving friends and his school in his senior year."

WHEN YOUR ADOLESCENT WAS GROWING UP (OR NOW) DID (DO) HE/SHE HAVE ANY SPECIAL OBJECTS THAT THEY TREASURED AND LIKED TO HAVE WITH THEM?

- "Her teddy bears and her awards. She worked very hard at what ever she did."
- "Teddy bear."
- "There were many small objects she enjoyed that she no longer has."
- "A blanket"
- "Stuffed animals"

WHEN YOUR ADOLESCENT WAS GROWING UP (OR NOW) DID (DO) HE/SHE HAVE ANY SPECIAL OBJECTS THAT THEY TREASURED AND LIKED TO HAVE WITH THEM? (cont.)

"A blanket and a Teddy bear."

"Stuffed SNOOPY (and yes he still has it!)"

"A teddy gear given to her by her grandfather. No, it was destroyed, her room, new waterbed furniture, new clothes, She lost everything, shoes clothes, tapes, the whole room was destroyed. We bought for all of this stuff for the new school year and it was ALL destroyed."

"Stuffed animal, her Barbie dolls, her carousel, her baby blanket (quilt). NO, it is all gone!"

"A stuffed monkey and lucky rock. His bedroom was destroyed and both were lost (left in a bottom drawer out of sight). The monkey he no longer cared about, but the rock was a little important still."

"His collection of baseball cards. He was very proud of them. They were all ruined."

"A football card collection."

"Stuffed animals, dolls, books, pictures and clothing"

"They lost a lot of their toys that they had for years."

ADDITIONAL COMMENTS

"I need more education about disasters. I heard that more hurricanes will come this year. I am worrying."

"The greatest loss, the most difficult for me to deal with is the loss of my friends and co-worker and my job. I lost my home, friends, job all at once which accounted for most of my 'life' security and support system. It has taken great strength to get through the past 7 months. The change in life circumstances was so abrupt and the losses so great that it will take me some time for life to return to 'normal'."

"Regardless of the praise given to base officials for their superior efforts in evacuating the base and awards they received, there were many of us who had a bitter taste in our mouths about it. My opinion, based on past hurricane preparations by the base, is that the true story was white washed over. The planes may have gotten out but the base population was basically left on their own. 1 SP care came through my neighborhood at 9:30 am Aug. 23, and said 'Evacuate! Evacuate! Evacuate!' That was it!! We were on our own."

ADDITIONAL COMMENTS (cont.)

"Many of us whosd spouses were 'Remote' at the time of the hurricane suffered additional stress due to the military 'red tape'. Even though we lived on the base, we weren't afforded the same treatment as 'assigned' base personnel! We got caught in limbo between two sides arguing over whose command we fell under. We had grave difficulties acquiring the same assistance that was given to 'assigned' people. Financially, it was a nightmare. My husband was sent back to the U.S. 3 days after Andrew, at his 'own expense' air fare from San Francisco to Fla. Figure that one out, he PCS'd but pays his own way on the CONUS side! We lived in base quarters, lost 90% of our things like everyone else, but we weren't 'assigned' personnel, and therefore fell into another category, which made our lives hell for several months. He was charged leave, while "base personnel were given 30+ days to settle their business. All families affected by a disaster should receive the same consideration, regardless of where the member was stationed. If permission was given to remain in Government quarters, treatment should be the same for ALL!!"

"The base could have been more prepared about the evacuation. They could have told us which bases to report to for help. We were told to leave the base and were completely on our own with the other millions travelling north. Not knowing where friends were. Many families were torn apart. They should have had more troops from the other bases go in to help, so the families could have stayed together. There were so many stressed women and children, because their daddies had to go back to Homestead. They should have let other bases handle it that came from a settled environment."

"Until the day we got on base it was stressful because we did not know what we had left, but in many ways the next few weeks were the worst not having a home to go to."

"I made many friends and had many friend from work, whom I don't know what or where they are at. The friends I met at my home church, some I have kept in touch with."

"Since Aug to October; The Hurricane- the waiting where we'll go, getting things ready for trip to San Antonio when finally my husband was released from his job."

"October-December: The traveling to and from Wilford Hall to visit and take care of my mother who was diagnosed with ovarian cancer in it last stages till her death. Preparations for her funeral. My oldest daughter's wedding and departure with her husband when she lived in Homestead. Who wouldn't be stressed out! But through it all I give thanks to God for He and my family were very helpful. The Orlando NTC was extremely helpful in so many ways to all of us from Homestead."

ADDITIONAL COMMENTS (cont.)

"My life was somewhat in order before "Andrew". I worked as a _____, my husband was in Saudi Arabia for in Desert Storm. We were trying to repiece our lives back together. My children and I went on vacation for 3 weeks, a vacation to relax, just 3 days before the 'Hurricane'. As the days go by things just don't seem to get any easier. My husband is working swings (days and mid's) and constantly changing. We've moved 5 times since leaving Florida for good. Now with Re-alignment we'll be moving again. I'm tired, so tired. The military is hard right now. I'm an Air Force Brat. I hate my life and lifestyle. My husband, children, and I aren't getting along. I want to just leave. Don't think me a bad mom and wife or person. A person can only take so much. One of the biggest problems is doing inventory for claims. I have a constant reminder of everything we lost from my being a baby to now. It's horrible. Plus my husband has four more years to retire. It's a little late for starting over again now with furniture, etc. It takes years and money."

"Everything would have been a lot better if my husband had been evacuated with the children and myself. At 0900 on the 22nd of August we were told to evacuate the base. My husband had already left for his squadron. We never made a plan on where to meet each other. I traveled to Winter Haven the only place I could find with a hotel room. The phones were not working, due to the storm that they had earlier. The TV was out also. At 0700 the next morning the children and I decided to go home and find their father. An hour later we reached Homestead, to find our home destroyed. We had left our pet bird there. My son climbed the fence and went into the house hoping to find our pet. He was nowhere to be found. As the four of us walked away crying, the guard told us that my husband had not been near the house. We were all were worried. I drove around wires, trees and went to the main gate to see if they had any information on the whereabouts of my husband. I was told that he must have been air lifted out but they didn't know to where. We travelled the turnpike again. I still didn't know where to go. We would just drive. I happened to stop at a service plaza, I knew that I couldn't drive anymore. I was so tired that I made a bed for the kids in the car and I sat on a bench. At 0300 I thought I recognized a car that had pulled in. It was a friend and my husband. It was a miracle that we found each other. He was on his way back to Homestead. My husband should have been with his family the whole time. I am angry with the way everything was handled. The first thing we did when we were finally settled was make a plan where to meet and never leave that place until the other shows up."

"I believe that the Air Force should assign a base for each squadron to go to in case this ever happens again. We really had no idea where to go, we just went to the nearest base. There really should be a plan."

"For me the most stress that I felt was the first days that followed the Hurricane, because we didn't have insurance and we lived off base and the military didn't make provisions for the people living off of the base until much later. That left us with a feeling of abandonment and not knowing what we were going to do."

ADDITIONAL COMMENTS (cont.)

"Many of my "stresses" and reactions to them are in part due to having to leave a job of 11 years and starting a new job as a paramedic- very emotionally stressful work in which I am away from home for 48 hours at a time each week. I moved from Miami to Panama City where I went from a job paying \$16/hour and all benefits to a \$5.20/hour job with no benefits.

"I think the wing commander did a very poor job in preparing for the evacuation. Even I watched the weather channel and knew that Hurricane Andrew was going to hit Homestead. I believe he should have called the evacuation earlier than he did and that he should have found out through the squadron commanders whose husbands were TDY and found out if any of them needed any help. There were many spouses who had family that had no money for food, gas, or any way to get any medical help. Also, after an evacuation order is given there should be no recall as happened in our case. I was at work, I left there to come home to get my family and bring them back to work with me. When I returned home there was no one there, my husband's squadron had been recalled to secure the building. I believe that should have been done on Friday. I'd rather go a mile the wrong way than to possibly risk a life."

"I feel angry that we could not get to our house for 5 days after the hurricane. Many of the people were out in the community helping when they should have been cleaning the base. So many of my things soaked up water for 5 days. Then our family came down and could not get into the base for another day. They needed to get back to work, so this caused lots of stress. When we put in a claim so many of our things were older and the prices could not compare to the prices we have to pay today. After 17 years of service so many things can not be replaced at the value of today like wooden things. We lost so many things and the compensation was no where near the cost, mental or physical damage. I believe an amount of money and replacement cost should have been taken in account when putting in claims."

"Since my daughter left again I can't settle here comfortably. Sometimes I feel silly for continuing to have thoughts of the Homestead area. But I had made it my home and used to tell my spouse that if he got orders that I was staying there and we'd have a long distance marriage. We're rebuilding our house (I refuse to sell). We have since bought a house out here and its a great house but it's not my home. A lot of people were more than glad to leave Homestead but some friends I've talked to feel as I do. They are also having trouble with their feelings. We had not one bit of support (emotional) from the base here. It is really hard to adjust without the support of people that went through something like this with you. You feel isolated and (it seems childish) angry that these people here in this area still have everything - it's hard to explain but the feeling is there. In the next disaster (wherever it is) I will give what support I can (whether money or whatever)!"

"I feel bad for my husband having to end 20 years of service like this. We were fortunate to have saved so much from the hurricane and now all of it was destroyed in the fire. It's like re-living a second death in a sense. I wish Andrew had taken it all at once."

HOMESTEAD ADOLESCENT RESPONDENTS

DID (DO) YOU HAVE (HAD) ANY SPECIAL OBJECTS THAT YOU TREASURED AND LIKED TO HAVE WITH YOU?

- * Special toys/models/collections - still have (05 %)
- * Stuffed animal - lost in hurricane (01 %)
- * Stuffed animal - still have (01 %)
- * Gold chain - still have it (01 %)
- * Favorite blanket - lost (01 %)
- * Bought replacement stuffed animal (01 %)
- * Special coin - lost (01 %)
- * Item of clothing - lost (01 %)

DO YOU CURRENTLY HAVE ANY PETS? WHAT HAPPENED TO THEM DURING THE HURRICANE?

- * Dog/cat evacuated with us (10%)
- * Pet - bought after hurricane (04 %)
- * Pets stayed with us (didn't evacuate) (04 %)
- * Fish - lived through it (01 %)
- * Dog - stayed home alone (01 %)
- * Dog - bought after hurricane (01 %)
- * Pet bird - lost (01 %)
- * Had to give away small pets after hurricane (01 %)

WHERE WERE YOU WHEN YOU FIRST HEARD ABOUT HURRICANE ANDREW?

- * At home watching TV (12 %)
- * At home (07 %)
- * On vacation (02 %)
- * Staying with relatives (01 %)
- * Driving home from relatives (01 %)
- * With my best friend - on base (01 %)
- * Grocery store (01 %)
- * Baby sitting (01 %)
- * Don't remember (01 %)
- * Athletic stadium (01 %)
- * At work (01 %)

DID YOU REMAIN IN THE HOMESTEAD AREA - WHERE AND WITH WHOM?

- * U of Miami campus with mother, friends and dogs (01 %)
- * In closet with family (01 %)
- * In our house with family and pets (01 %)
- * In a church with mother (father deployed) (01 %)

DESCRIBE YOUR ACTIVITIES AND FEELINGS DURING THE HURRICANE:

- * Worried about friends family or possessions (07%)
- * Afraid (06%)
- * Felt normal (06%)
- * Slept through it (02%)
- * Frustrated and helpless (02%)
- * Sat in the bathtub afraid (01%)
- * Not scared - prior disaster experience (01%)
- * Nervous and uncertain (01%)
- * Didn't think it would happen (01%)
- * Couldn't believe destruction (01%)
- * Sad to lose friends and possessions (again) (01%)

DID YOU LOSE TRACK OF ANY FAMILY MEMBERS DURING THE STORM OR EVACUATION PERIOD?

- * Father stayed behind - no contact (02%)
- * Sister had run away from home previously (01%)
- * Sister's fiance (01%)
- * Parents in Florida uncertain of where (01%)
- * Stepfather (01%)

WERE YOU IN ANY PHYSICAL DANGER DURING THE HURRICANE? PLEASE DESCRIBE:

"It's hard to explain why, the building I was in swayed back and forth with the wind - the walls could have fallen, but they didn't."

"We were in Miami area, but still had bad moments during the night"

AT THE TIME OF HURRICANE ANDREW AND THE WEEK THAT FOLLOWED DID YOU PROVIDE SUPPORT TO ANYONE WHO WAS UPSET BY THE HURRICANE?

- * Parents (11%)
- * Younger friend (01%)
- * Neighbors (01%)
- * Girlfriend (01%)
- * Friends (01%)
- * Relatives (01%)

**WHAT HELPED YOU THE MOST DURING THE HURRICANE, YOUR EVACUATION,
AND YOUR SETTLEMENT INTO YOUR NEW HOME?**

- * Parents and their friends (07%)
- * Being safe (05%)
- * Nothing (02%)
- * Community working together (01%)
- * Past experience with disasters (01%)
- * The excitement and adventure of something new and different (01%)
- * Plans for the future (01%)
- * My friend (01%)
- * Getting into a new home (01%)
- * Not evacuating area (01%)
- * Knowing that friends/relatives not injured (01%)
- * Staying with relatives during evacuation period (01%)
- * Jesus Christ (01%)
- * Relocated with friends (01%)
- * Myself (01%)
- * Music (01%)
- * Being in Orlando (01%)
- * Not having a traffic problem (01%)
- * Having some belongings saved (01%)

**WHAT KINDS OF PROBLEMS DO YOU THINK YOUR FRIENDS EXPERIENCED
DURING THE EVACUATION?**

- Missing their friends/loss of contact (14%)
- Nowhere to live/no food (12%)
- Loss of belongings (10%)
- Electricity, telephones and clean-up (02%)
- Felt like me (01%)
- Uncertainty (01%)
- Getting adjusted to a new base (01%)

**WHAT WAS THE MOST IMPORTANT BELONGING THAT YOU WERE NOT ABLE TO
SALVAGE?**

- * Pictures of others/yearbooks (09%)
- * Furniture (06%)
- * We lost everything! (02%)
- * Phone numbers and addresses/location of friends (01%)
- * Stuffed animal (01%)
- * Jewelry (01%)
- * Books (01%)
- * Parts of computer (01%)
- * Video game (01%)
- * Models (01%)
- * Pet bird (01%)
- * Baseball cards (01%)
- * Clothes (01%)
- * Combat knife (01%)
- * Collection of drawings (01%)

AT THIS TIME DO YOU EVER THINK ABOUT THE HURRICANE OR ITS VICTIMS?

- * Wonder about old friends (09%)
- * When I see reminders of it (02%)
- * Rarely - when there are problems related to it (02%)
- * Wish we didn't have to move (01%)
- * When I talk to friends who still live there (01%)
- * I feel lucky to have survived (01%)
- * Key words bring back memories (01%)
- * Thought of it still scares me sometimes (01%)

HAVE YOU OBTAINED ANY MEDICAL CARE SINCE THE TIME OF THE HURRICANE?

- * Annual physical (12%)
- * Foot/ankle surgery (01%)
- * Hands shook all the time (01%)
- * Back problem (01%)
- * Acne evaluation (01%)
- * Menstruation erratic (01%)
- * Broke arm (01%)
- * Stomach problems (01%)
- * Manic depression (01%)
- * Emotional (01%)

ADDITIONAL COMMENTS

"I wish I could get in touch with old friends."

"...there should have been a better plan of action than simply a TV message saying - Go North - where? Where would we have been if my father couldn't leave work, injured or dead? Who would have aided my mom, brother and I?"

"I hate my new life. I'm very upset and very depressed to live here!"

"I hate the stupid military. They ripped me away from my friends during high school and (they) don't care. I didn't ask for my dad to be in the military. Now I'm stuck at a base where everyone turns to smoking and alcohol. ... I don't feel like I fit in."

"The main thing that bothered me was having to move. All of a sudden my life was messed up, my friends gone, and now I feel out of place."

"I would really like to go back to Homestead to say goodbye to the people I never got to say bye to. People that I was close to that had to stay there."

"... shocked about how strong it was and how it destroyed the base"

"The military screwed up."

"I hated it, not knowing where my friends were. Of my 24 closest friends, I've only found 6 of them. I would really like it if you could find a way so that everyone from HAFB could find their friends again."

MACDILL/SHAW ACTIVE DUTY (COMPARISON) RESPONDENTS

WERE YOU EVACUATED FROM THE PHILIPPINES BECAUSE OF THE VOLCANIC ERUPTION? DESCRIBE.

YES

"Left the Philippines in Sep. Stayed to help pack up houses."

"The volcano erupted and it was real scary. I am a photographer so I had to stay there to document everything."

"I had to stay until the base closed. At the time of the eruption I was TDY to Guam but returned to the Philippines to close the account I was responsible for. I then stayed until base closure."

WHAT WAS YOUR INITIAL REACTION WHEN YOU HEARD THAT HURRICANE ANDREW WAS GOING TO HIT THE HOMESTEAD AFB AREA?

- * Concern about individuals/friends/family in Homestead/Tampa (32%)
- * No real concern/no fear of damage/TDY and uninformed (15%)
- * Concern due to uncertainty of whether it might affect us (11%)
- * Disbelief/surprise/fear (08%)
- * Reminded me of past hurricane/typhoon experiences (06%)
- * Didn't know hit Homestead until afterwards (05%)
- * Sadness (05%)
- * Relief/thankful for not being hit (05%)
- * Concerned hurricane would change course--hit MacDill/Shaw (04%)
- * Concerned about own family (02%)

"Hoped it wouldn't be as bad as Hurricane Elana. Was at Biloxi, MS when it hit there. Surprised at the damage from Andrew. Interested enough to watch the event happen on TV."

"I live in Tampa and my mother, stepfather, & stepsister live in Miami. I wanted to be there with them but knew I couldn't. Felt quite helpless."

"Very worried. My family was in temporary housing in a one room motel & I was being sent to Kuwait on a courier run--I was worried that Andrew would turn North & hit MacDill. After I was in Germany on a crew rest I constantly tried to find out news about Andrew. I was relieved when Andrew continued west & did not hit the Tampa area."

"I had just returned from an 8 month tour in Micronesia (1 week in US) and was en route to Homestead when the hurricane hit. I was concerned for the victims but thankful I had delayed going there, thereby missing the disaster."

"I prayed that everyone would be safe."

WHAT WAS YOUR INITIAL REACTION WHEN YOU HEARD THAT HURRICANE ANDREW WAS GOING TO HIT THE HOMESTEAD AFB AREA? (cont.)

"I was in billeting at MacDill AFB and was very concerned that we would get hit also. My family was with me. I immediately decided not to look for a place to live that was near a storm surge area."

"Batten down the hatches, here comes another. We experienced Hurricane Hugo."

"Was worried about it's effect on a friend with family (single parent) stationed there and the effect on the whole military and civilian population."

"I was concerned for the home I owned in Alexandria, Louisiana, only."

"Hurricanes are nothing new to Florida."

WERE YOU ASSIGNED TO ANY DUTY AT HOMESTEAD AFB AFTER THE HURRICANE? DESCRIBE.

- * Recovery operations/helped salvage gov't property/base repairs (01%)
- * Worked security operations (01%)
- * Helped victims in civilian community (01%)
- * Air Traffic Control (01%)

"Recovery operations, salvage and transfer of equipment."

"Security Police Operations Superintendent and 1st Sergeant for up to 150 deployed SP's. Primarily we were for resources protection. To stop the looting."

AT THE TIME OF THE DISASTER AND THE WEEK THAT FOLLOWED DID YOU PROVIDE SUPPORT TO ANYONE WHO WAS UPSET BY THE DISASTER? DESCRIBE.

- * Homestead evacuees/victims (14%)
- * Friends/family (06%)
- * Donated clothing/food/other items to victims (06%)
- * Emotional/mental/moral support (01%)

"Generally lending experience of having been through several (including Betsy 1965, Camille 1969) large hurricanes."

"I was TDY to the NCOA. Several students were from Homestead. On weekends we went to Homestead to help them put their lives back together."

"My family was concerned about where we would go since we hadn't signed into Homestead yet. After receiving an assignment to MacDill AFB I had the opportunity to provide support to subordinates who arrived from Homestead."

"Donated food from the commissary and moved in with co-worker so hurricane victims could have our billeting rooms."

DO YOU FEEL THAT ANYTHING POSITIVE HAS COME OUT OF YOUR EXPERIENCE WITH HURRICANE ANDREW? EXPLAIN.

YES

- * Be prepared/prepared for next time (18%1)
- * Awareness of vulnerability of area/strength of Mother Nature (09%)
- * Better understanding of strength of military family during crises (09%)
- * Emphasized importance of the family (04%)
- * Forced me to take a closer look at insurance coverage (02%)
- * Never take basic necessities/life for granted/appreciate even the simple things (02%)
- * Have seen/met many outstanding people (02%)
- * Closing of Homestead ensures existence of MacDill (01%)
- * Choice of base (01%)
- * Positive self respect from helping those in need (01%)

NO

- * Busy with other world events (01%)
- * Financial problems (01%)

"The experience has given me knowledge of 'what to do' if it should ever happen to Tampa."

"Have seen the 'real stuff' people are made of. Some of H.A.'s victims were Philippine victims also, yet they seemed to pick up and just go on with life. I think a lot has to do with our military training or lifestyle."

"I think everyone will be a little more prepared, informed, and supportive the next time something happens."

"More aware of hurricane force."

"Just before Hurricane Andrew hit Homestead AFB, I applied for an assignment to MacDill. MacDill, however, was on the base closure list. The destruction of Homestead improved MacDill's chances for staying open."

"To be prepared for potential natural disasters and to fear God."

"Learned a few new lessons in hurricane preparedness and safety."

"Unfortunately for Homestead, its loss may have insured the survival of MacDill, since many of us don't want to leave, that's good, right?"

"It shows how people all over the US got together and sent aid to the people in Homestead."

DO YOU FEEL THAT ANYTHING POSITIVE HAS COME OUT OF YOUR EXPERIENCE WITH HURRICANE ANDREW? EXPLAIN. (cont.)

"Although my home in Alexandria, La. was undamaged and the people living there alright, I found this tragedy to bring me feelings of hostility. I arrived at this base on 7 July. I was forced to leave my home in Louisiana due to the base closure of England AFB. I was unable to rent it and paid mortgage payment and rent. My family was all but gone hungry to keep from foreclosure or bankruptcy. Hostility towards the people coming here from Homestead. They were being given the base housing I had begged for and been told I had to wait my turn. There would be no leniency shown to me!"

"No. Government over-reacted in payment/compensation of military victims while they did almost nothing for Hugo military victims. Not to mention the poor victims that were unfortunate enough to be PCS'ing during that time frame."

"The acknowledgement that our disaster relief capabilities, during large scale operations, can't cope in a way that the public feels is appropriate. This educated a lot of people."

"People in time of natural disaster tend to bond closer together during the storm but also tend to separate themselves just as quickly after the immediate danger has passed."

"You are able to help others and return your thanks for the help received during Hurricane Hugo et al."

"I could have been in the area, getting established and familiar with the surroundings. It was probably a good thing that I extended to stay in the desert. The hurricane would have directly affected me."

HAVE YOU OBTAINED ANY MEDICAL CARE SINCE THE TIME OF THE HURRICANE? DESCRIBE NATURE OF THE PROBLEM.

- * Cold/virus/infection (13%)
- * Physical (08%)
- * Neck/back (06%)
- * Chest/joint pains (03%)
- * Minor medical ailments (02%)
- * Dental work (02%)
- * Broken bones/pulled muscle (02%)
- * Nose job (01%)
- * Daily care for diabetes (01%)
- * Minor surgery (01%)
- * Allergies/allergic reaction (01%)
- * Mental/family stress/general stress (01%)
- * Coronary artery disease (01%)
- * Cyst (01%)

**HAVE YOU OBTAINED ANY MEDICAL CARE SINCE THE TIME OF THE HURRICANE?
DESCRIBE NATURE OF THE PROBLEM. (cont.)**

- "Chronic ear infection. Diagnosed as Cholestatoma, had mastoidectomy surgery 8 Mar 93."
- "Deviated septum fixed and turbinates trimmed."
- "Cyst on ovary."
- "Back problem."
- "Family suffering from Florida allergies. Wanted wife to get counseling for depression but couldn't get any help through the base medical center."
- "This base has so many retirees, it's difficult to see a doctor in a short period of time. So I've put off going because I hate to wait for an hour."
- "I recently discovered I have coronary artery disease. This has caused me more stress & insecurity than any part of Andrew. I have 4 blockages of arteries in my heart; not knowing what's going to become of my future in the USAF is stressful."

**DID YOUR ADOLESCENT CHILD HAVE ANY FEARS OR WORRIES ABOUT
HURRICANE ANDREW? DESCRIBE.**

YES

- * Afraid it would hit Tampa area (04%)
 - * Concerned for family/friends in Homestead area (02%)
- "Friends had just PCS'ed there from our previous base."
- "Fear that we'd be statistics."
- "What if we had been at Homestead. Will it reach us?"
- "He was close friends with the son of our military friend at Homestead and was concerned for that child's safety."

**WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE MOVE TO YOUR
PRESENT HOME FOR YOUR ADOLESCENT CHILD? DESCRIBE.**

- * Leaving family/friends/loss of friends/instability/loneliness (14%)
- * Changing schools (14%)
- * Meeting new people/making friends/adjusting to new environment (07%)
- * Move experience (02%)

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE MOVE TO YOUR PRESENT HOME FOR YOUR ADOLESCENT CHILD? DESCRIBE. (cont.)

- "Not having friends and starting in a school system that is underfunded and has racial problems."
- "My son is in special education; the transition from overseas DOD schools to local public schools was hard due to major differences in the programs."
- "Changes in academic standards from one state to another."
- "Living on the edge of poverty until my wife could find a job. She was not able to transfer her job when we were forced to leave our last duty station due to base closure."

ADDITIONAL COMMENTS

- "I was very glad to see the storm turn southward when it did. Too bad for Homestead but, hitting Miami head-on would have been too much for the state to bare."
- "Hurricane Andrew was, of course, initially scary because we didn't know where it was going to hit--The aftermath was relief coupled with sadness. The only thing that lingers is that we are in position to be hit by a hurricane at any time. Personally I am confident that we will batten down when necessary/evacuate when appropriate. The 'storm of the century' (13 Mar 93) tore this area up; my stress level peaked! Andrew did not impress Tampa!"
- "Please note that for the most part I was totally unaffected by the hurricane. I was assigned to Ramstein AB, Germany at the time the hurricane struck. I PCS'd in late Sept/early October 1992 to Tampa, Florida. About the only concern I had upon arrival at my new duty station was the availability of housing for my family either on base or in the local community. I was concerned that there would be a shortage due to the influx of Hurricane Andrew victims....The most stressing events lately for me have all been related to the birth of my son and the subsequent child rearing (late nights!) These events are recent. Prior to that life seemed very normal for me."
- "My PCS from England AFB La. was in doubt at first--the SATAF assignment team came back with waiver authority to PCS me due to me being over 20 yrs. and recently arriving there. Myself and wife were geared up to being discharged."
- "I had a friend pick me up at the airport when I arrived PCS. He helped me find transportation and a place to live along with letting me stay at his home for an entire month until my belongings arrived from England. Because of him this was my easiest move except for the major expense of selling a three year old British Ford Escort at a tremendous loss and then having to buy another car as soon as I arrived here."

ADDITIONAL COMMENTS (cont.)

"When I left _____ AFB to come here we had lived in (state) for 5 1/2 years and my children were both under 3 years old when we arrived there. So it was my children's first move that they'll remember--losing friends, neighbors & a brand new school. My wife lost her first 'real' job as a teaching assistant--she had been a full-time volunteer the two years prior to this--and had this job only one year when forced to resign (due to PCS). Then I moved out of the AF arena & got a job in a unified command--which is a much different culture. The crime in Tampa is incredibly high--I live off base & a fairly nice section of town--but I'm very, very afraid of what is termed 'home invasion'--I never really felt that at my last duty station.. (And I lived off base). This move has hurt financially."

"Ref PCS move: A lot of stress in going to a unit that shows now concern for your feeling or your family. Due to ear problem, I will be PCSing to _____. (again) in May. The future looks great!!! In past units, my wife & I have been very involved. In this unit we avoid it at all cost."

"This was our second move to Tampa. During our first stay we put down roots. We also kept in contact with our friends while in Germany the second time. Coming back to Tampa was like returning home. A very easy PCS move. After Andrew, I helped work with the military evacuees that were at MacDill. I mostly listened when they wanted to talk. I assisted in a 'food locker' set up by part of MSI that provided free food and personal health items for the evacuees. One of my current staff is a former Homestead troop who requested reassignment to MacDill. In our building we also have part of the _____ (unit). They are temporarily sharing space with us until their building is renovated. All of them are still working through the hurricane and the'r reaction to it."

"Probably the greatest impact that Hurricane Andrew had on me personally was the direct inconvenience it caused my family. At the time Hurricane Andrew hit Florida, I was living in temporary quarters (TLQ) on MacDill AFB. Although we were assured that we could reside in TLQ for a 30-day period, we were forced to vacate these quarters two weeks early to help accommodate Homestead evacuees. Obviously, since their inconvenience was much greater than ours, it wasn't something that we could feel good complaining about. However, it is important to note that such a disaster does, indeed, have impact on bases/areas far removed from the disaster site, particularly when it happens (as Hurricane Andrew did) during the height of the PCS season--summer."

"Moving is a tense time for a lot of people. My children were upset because they had to leave friends, schools, and surroundings that were good. When the hurricane hit, it pushed us off the housing list. Sometimes I felt like they didn't really care about anyone that _____ new unless you were from Homestead. This made me a little angry. _____ had to buy a house which I really didn't want to do. The people from Homestead got pretty good treatment I thought. Some, I believe, took advantage of things they could get. Although I was angry I'm still very thankful I did not have to be in the hurricane and I genuinely felt bad for the people who went through it; more so for civilians because many of them had nothing."

ADDITIONAL COMMENTS (cont.)

"Worst PCS in 24 yrs. Recently retrained and totally unhappy with job because of current supervisor. I have had an outstanding career up to now. It is amazing how a bad supervisor can ruin that!"

"I wasn't involved in Andrew. After 21 years in the Air Force moves do not strike me as being traumatic. My feelings of sadness come from our grandbaby dying. The baby was a twin and we are awaiting (6-8 weeks) autopsy report to find out if the other twin has the same illness. That accounts for my stress at this time. I don't know how that effects you survey."

"Feels of being put down or to the back of the line because I wasn't from Homestead. They came first on everything and there was no room for anyone else in the world."

"Every PCS move is stressful. The support received from the gaining base is paramount to making the newcomer feel welcome and get settled as soon as possible. I am surprised and disappointed at how little support is provided at state-side bases (especially at Shaw AFB, SC) People seem to assume that you can take care of everything yourself. It took me 3-4 times as long to settle in here than it has at any other assignment. (I've had 3 overseas and 2 other stateside assignments)."

"My job entails a lot of TDY and no involvement in loca'l/base efforts. But the proximity of Shaw AFB to Homestead led to a very involved relief effort. The AF personnel at Shaw performed admirably. I wish I could have done more than donate food and clothing."

"Major stress in my move involved TMO losing my household goods and then being entirely uncooperative in solving problem."

"My wife and I along with our children collected many items for those left homeless by Andrew. We took a U-Haul trailer down to Homestead for those in the tent city there. I felt good about being able to do something for those less fortunate than myself."

"I am amazed at the fact that this survey does not even acknowledge that Andrew later struck the coast of Louisiana with the same devastating results."

**MACDILL/SHAW SPOUSE/SIGNIFICANT OTHER
(COMPARISON) RESPONDENTS**

**WERE YOU EVACUATED FROM THE PHILIPPINES BECAUSE OF THE VOLCANIC
ERUPTION? DESCRIBE.**

YES

"We were evacuated Monday morning from Clark AB to Subic Bay NAS where we were sent to San Miguel NAS as there were no quarters available at Subic. We were at San Miguel when Mt. Pinatubo erupted turning night into day. We were there 1 week before all dependents were sent to Guam & onto their various destinations. My children & I did this alone as my husband stayed behind on the mission essential team."

**WHAT WAS YOUR INITIAL REACTION WHEN YOU HEARD THAT HURRICANE
ANDREW WAS GOING TO HIT THE HOMESTEAD AFB AREA?**

- * Concern about individuals/friends/family in Homestead/Tampa (45%)
- * Disbelief/surprise/fear (16%)
- * Reminded me of past hurricane/typhoon experiences (08%)
- * No real concern/no fear of damage (07%)
- * Concern due to uncertainty of where it would hit/what effect it would have on MacDill/Shaw/other bases/areas nearby (07%)
- * Sadness (05%)
- * Concerned about own family (04%)
- * Concerned hurricane would change course--hit MacDill/Shaw (03%)
- * Relief/thankful for not being hit (03%)
- * Didn't know hit Homestead until afterwards (01%)

"Scared! My mother & sister live near there. For year we hoped to be assigned to that base to be near my family. When my father was dying we tried harder. I'm glad we never got it."

"These people better pack-up and head north!"

"We were living in billeting because we had just moved to Shaw AFB. My 5 year old son whose name is Andrew kept thinking that they were saying bad things about him."

"At the time I was in Tampa, FL & my main concerns were to prepare myself, my children, & my home for what was going to hit us."

AT THE TIME OF THE DISASTER AND THE WEEK THAT FOLLOWED DID YOU PROVIDE SUPPORT TO ANYONE WHO WAS UPSET BY THE DISASTER? DESCRIBE.

- * Donated clothing/food/other items to victims (18%)
- * Friends/family (07%)
- * Homestead evacuees/victims (05%)
- * Emotional/mental/moral support (01%)

"My husband's sister & her family arrived at our home at 1 am the night of Andrew. I also cared for our 6 month old niece for 2 weeks while her parents returned to HAFB and Patrick AFB."

"Others were coming into billeting from Homestead at the time that we were there. We talked and had the kids meet each other & make friends. I took some of the kids to school. We tried to support each other."

"My children were upset. They went through Hugo. We had a rough time adjusting to the disaster there in S.C."

DO YOU FEEL THAT ANYTHING POSITIVE HAS COME OUT OF YOUR EXPERIENCE WITH HURRICANE ANDREW? EXPLAIN.

YES

- * Always be prepared/prepared for next time (20%)
- * Better understanding of strength of military family during crises (13%)
- * Awareness of vulnerability of area/strength of mother nature (07%)
- * Never take basic necessities/life for granted/appreciate even
- * The simple things (03%)
- * Emphasized importance of the family (03%)
- * Have seen/met many outstanding people (01%)
- * Forced me to take a closer look at insurance coverage (01%)
- * Positive self aspect from helping those in need (01%)

NO

- * Financial problems (02%)

"No. I think it was terrible. I've always worried about my family living down there. We travel by car to visit, and it's a death trap down there. We lived through Hugo in 89 and I was very scared for all the people trapped in Fla during Andrew."

"After Hurricane Hugo and Andrew I feel stronger - better able to cope. If another Hurricane was to hit my area, I would know exactly how to prepare and I would know which possessions are most precious and should be taken if evacuated."

"It was a learning experience for us & our children. We could realize how lucky we were--we had moved voluntarily."

DO YOU FEEL THAT ANYTHING POSITIVE HAS COME OUT OF YOUR EXPERIENCE WITH HURRICANE ANDREW? EXPLAIN. (cont.)

- "My husband had PCS'd in July '93 to Shaw & the kids & I were at MacDill waiting for our house to sell. I found that during the crisis, the kids & I could pull together & get through. We experienced side effects (rain, wind, public panic) of Andrew."
- "No. From what I saw on the TV news, the U.S. government was much too slow responding with help for those who lost their homes and possessions. Perhaps if the people who rode out the storm had been given more advance warning, there wouldn't have been so much devastation."
- "No. Anger at the extent of special aid given to the Homesteaders as compared to those of other disasters."
- "No. Once again our government DID NOT take care of its people. They came in set up a few tents, and a few mobile kitchens, then got the hell out before it spent too much money on a few poor people. Our government can pull MILLIONS of dollars out of the air for other countries, or for the space program, or for a space station. Meanwhile we still have homeless people because of Hurricane Andrew, but they're out of the news now so they'll be forgotten about. Our government is no better than any other one around the world. I've learned not to depend on our government."

HAVE YOU OBTAINED ANY MEDICAL CARE SINCE THE TIME OF THE HURRICANE? DESCRIBE NATURE OF THE PROBLEM.

- * Cold/virus/sinus infection (24%)
- * Routine gynecological check (09%)
- * Physical (07%)
- * Neck/back (03%)
- * Thyroid condition (03%)
- * Mental/family stress/general stress (02%)
- * Rash (02%)
- * High blood pressure (02%)
- * Allergies/allergic reaction (01%)
- * Daily care for diabetes (01%)
- * Broken bones/pulled muscle (01%)
- * Cyst (01%)
- * Sexual assault (01%)
- * Dental work (01%)

"I've been attending parenting classs, trying my best to deal with my children. This move has been hard on them. We live on a street where there's no kids their age--they miss their old friends & fight a lot b-cause they have only themselves to play with. Also, the schooling here is lacking and one of my girls has a terrible teacher this year. I go to the Doctor's regular for high cholesterol problems."

"Was in the hospital in NOV '92 for pancreatitis--also on medication for diabetes."

DID YOUR ADOLESCENT CHILD HAVE ANY FEARS OR WORRIES ABOUT HURRICANE ANDREW? DESCRIBE.

YES

- * Afraid it would hit Shaw/Tampa area (11%)
- * Concerned for family/friends in Homestead area (03%)

"She was concerned about the storm & the fact that father had PCS'd [to Shaw earlier in the year]."

"Would it hurt her grandmother and what will happen to all the people & animals."

"That the hurricane would hit Tampa--also a curiosity of what it would be like to be in one."

"What to do in the way of evacuation. Death."

"She was very worried about the hurricane. After going through Hurricane Hugo, we had to deal with a lot of problems. No help was given. No one to talk it out with. We were at Shaw - just moved 4 months before the hurricane."

"Wondered about friends stationed at Homestead."

WHAT DO YOU FEEL WAS THE MOST DIFFICULT ASPECT OF THE MOVE TO YOUR PRESENT HOME FOR YOUR ADOLESCENT CHILD? DESCRIBE.

- * Leaving family/friends/loss of friends/instability/loneliness (30%)
- * Changing schools (21%)
- * Meeting new people/making friends/adjusting to new environment (08%)
- * Move experience (03%)

"He did not want to come to Sumter, SC."

"I feel the most difficult aspect was uncertainty of the future. When we were evacuated [from Clark AB] everyone thought we would return, it was not expected to be a PCS move. Leaving behind friends & all belongings I think was hard for my child. None of us were prepared for a move."

WHEN YOUR ADOLESCENT WAS GROWING UP (OR NOW) DID (DO) HE/SHE HAVE ANY SPECIAL OBJECTS THAT THEY TREASURED AND LIKED TO HAVE WITH THEM? (for example: a blanket, stuffed animal, doll, article of clothing, a hat, or maybe something else)

YES

- * blanket (11%)
- * stuffed pig/tiger/dog/alligator/lion/frog (09%)
- * teddy bear (03%)
- * doll (02%)
- * dinosaur robot (01%)
- * pictures (01%)
- * pillow (01%)
- * basketball cards (01%)
- * nintendo games (01%)

ADDITIONAL COMMENTS

"My family was not physically touched by Hurricane Andrew, but we were emotionally touched because we did have trouble finding a place to live in Sumter due to the inbound squadron from Homestead AFB"

"Sometimes I can't believe it really happened. I feel bad for people I now know that lived through the Hurricane and are now my neighbors. I worry about my mom who says she'll leave next time and I hope she'll be able to get out in time. I get very depressed watching the news- the world is a scary place these days - so I didn't watch TV as much as a lot of people did or do. About our move... It was somewhat easier moving here because we know people here (we were stationed here for 6 yrs. before) but I felt it was still a very hard thing to do. I didn't want to come here so that made it hard to come back. I can't wait to leave even if it means making that hard emotional move again just so my kids will have better schooling and a better place to live."

"Due to family members at HAFB and after living there 4 years (1982-1986) we still had friends there who we were concerned about. I feel it was probably more traumatic for us because we had lived through Hurricane Hugo and the aftermath of that storm and we knew all too well what it was like. Feelings left from Hugo were brought back by Andrew. Knowing that a place we once called home and the place our first child was born (HAFB) was no longer there was also upsetting."

"It's always sad to see the loss suffered by such things as hurricanes, earthquakes, etc. It's also sad to see the closing of our bases and the loss of income for those who depended on the bases. I shall miss the base that was my home for two tours; Myrtle Beach AFB, S.C."

ADDITIONAL COMMENTS (cont.)

"The hurricane worried our children because everyone kept telling them about Hurricane Hugo & all the damage that it did--a lot of which you can still see. When everyone came from Homestead everything was geared to them & their needs. At times, I felt left out because we weren't from Homestead (were from Arkansas). Three of the 4 children in school have lower grades. We have had a lot of problems with the kids going into other schools."

"This PCS move was the least stressful move we have had. We all got to go at the same time & be together through the whole thing. We were buying our first home so everyone was up & looking forward to our own place."

"I feel worthless sometimes because I have not gained employment yet. I put in applications and resumes weekly. I feel there is a great deal of white discrimination in this state job wise!!! I miss my family I left back home. I feel frustrated at times with problems I hear about the flight line that are not cared about. These are very important. I feel these affect people's lives, especially the pilots!"

"PCSing within a year of a previous PCS was very stressful, I believe, because we knew we were moving in a year. The base (England, LA) was closing. That made it very hard to settle in for such a short time. Everything was affected, such as unpacking, making friends, jobs, etc. Our daughter has had a different school every year. This is extremely hard on her. I hope we have helped her to handle this and that she will suffer no long-term problems."

"The sponsors need to pay a bit more attention to the needs of the family, especially when coming from overseas with no transportation or means to get around. Sponsors need to make their sponsoring job more of a family affair."

"Government cutbacks are hurting the dedicated!!"

"Our PCS move was very hard for me...very big adjustment (from Las Vegas to Sumter)--But as time went by I decided to make the best of the situation. Home is where you hang your hat!!!"

"Our move was very stressful! Hoping we had enough money for all the deposits & rent, and utilities. Finding a place to live. Trying to find a job. Having an unhappy teenager for a couple of months (missing friends). Coping with husband's new unit. Lots of TDYs."

"During PCS move, my biggest concern was having to live apart from my family because of the poor housing market. My home had not and still has not sold. There was no way I could give up my job to accompany my family. I do not feel the spouse preference program helps unless you are on leave without pay. I know I'm not the only spouse who can't leave a job for financial or other reasons unless a job is waiting at the other end. I was lucky, I found a job 3 months later, although I took a significant pay cut and still had a mortgage to pay on an empty house. The financial strain at times causes stress and worries but my husband and I work through this together."

MACDILL AND SHAW (COMPARISON) ADOLESCENT RESPONDENTS

DID (DO) YOU HAVE (HAD) ANY SPECIAL OBJECTS THAT YOU TREASURED AND LIKED TO HAVE WITH YOU?

YES

- * Stuffed animal/doll (37%)
- * Blanket (14%)
- * Pictures (09%)
- * Baseball/sports cards (09%)
- * Toy cars (05%)
- * Music box (02%)

"My one eyed lion-tiger, I still have it."

"A picture of my grandma."

WHERE WERE YOU WHEN YOU FIRST HEARD ABOUT HURRICANE ANDREW?

- * Watching TV (40%)
- * At home (42%)
- * Unsure/don't remember (09%)
- * Hotel (07%)
- * In school (05%)
- * In car, on radio (02%)

"My dad went to his base, my grandmother drove to our house, we watched the news. My mom was crocheting and I was on the phone."

"In a hotel, right before we moved in to our house and you decided right then to send my father to Kuwait."

"Myrtle Beach AFB, S.C. In school."

AT THE TIME OF HURRICANE ANDREW AND THE WEEK THAT FOLLOWED DID YOU PROVIDE SUPPORT TO ANYONE WHO WAS UPSET BY THE HURRICANE?

- * Sent supplies to homestead/s. Florida (14%)
- * Social support, talked to victims (07%)
- * Supported friends (07%)
- * Talked in school (02%)

"My school collected canned goods and sent them."

"Sent food and supplies to Homestead"

AT THIS TIME, DO YOU EVER THINK ABOUT HURRICANE ANDREW, OR ITS VICTIMS?

- * Concern for victims (09%)
- * Friends who were there (05%)
- * Destruction it caused (05%)
- * Vaguely, not often (02%)
- * When on the news (02%)
- * Victims given housing preference (02%)

"My friends who were there, I wonder what it was like for them."

"Hurricane Hugo went right over our house in Columbia, SC, right after my dad left on a TDY. That storm didn't do much damage near our home; I can't imagine what it was like going through Andrew."

HAVE YOU OBTAINED ANY MEDICAL CARE SINCE THE TIME OF THE HURRICANE?

- * Physical (19%)
- * Asthma (05%)
- * Family/emotional problems (05%)
- * Joint problems (05%)
- * Stomach cramps (02%)
- * Infection/virus (02%)
- * Ear tubes (02%)
- * Eye check up (02%)

"A physical for school"

ADDITIONAL COMMENTS

"I do not think it is necessary to down size the Air Force or to close the military bases."

"I wasn't really all that pleased in moving, but I realize that is my fathers job but I am now extremely happy here."

"I felt that my PCS move was very disturbing moving from the P.I. suddenly and losing contact of friends that were close and losing contact of close family friends. I think that it was very unorganized."

"Truthfully, I was barely effected by the hurricane."

"I was surprised to learn the extent of the damage but really ignored the entire situation."

"I did not want to move. I had to leave my best friend behind. Hurricane Andrew people got everything before us at the hospital."

**PSYCHOLOGICAL STRESS OF FORENSIC DENTAL IDENTIFICATIONS:
THE WACO DISASTER**

SUMMARY

The confrontation between the members of the Branch Davidians and the federal agents that occurred at Waco, Texas, on the 19th of April 1993 resulted in the known deaths of 83 people. The fire that was started at the compound on that day burned for only about 25 minutes at temperatures of around 2,000 degrees F., approaching cremation temperature. The remains were removed from Mt. Carmel on the 22rd and 23rd of April after the ashes had cooled sufficiently for people to begin their work. Remains were taken to the Tarrant County Medical Examiner's Office in Ft. Worth, Texas, for identification and autopsy. In addition to the many federal and state agencies with an official interest in the case, dentists who were members of the Ft. Worth District Dental Society Mass Disaster Dental Team volunteered to perform forensic dental identifications of the remains under the supervision of the Chief Medical Examiner of Tarrant County and the Chief of Identification Services. The identification process involved 50 dentists who gave their expertise and time without compensation over a period of approximately 30 calendar days. Thirty-five of the remains were identified solely by forensic dental means.

Following the conclusion of the identification efforts, we sought and obtained the permission and the support of the Chief of Identification Services of the Tarrant County Medical Examiner's Office and the Board of Governors of the Fort Worth District Dental Society (FWDDS) to survey the dentists who performed the identifications and their spouses as well as a control group of 150 non-participants and their spouses. The survey asked all respondents to describe their prior experiences with death and disasters, to provide their thoughts about the Waco disaster, the media reports on it, and whether the disaster had had any impact upon them. Participants were asked additional questions about their experiences during the identification process, support received during that time and afterward, how long it took their lives to return to normal, and whether the identification process had been positive or negative for them.

The time period of the survey was from late October 1993 to early February 1994, approximately six to nine months after the disaster. Thirty-one participant dentists, 19 spouses of participant dentists, 48 non-participant dentists and 26 spouses or significant others of the non-participant dentists returned surveys. The response rates for these groups were: participants, 62%; spouses of participants, 38%; non-participants, 32%; and spouses of non-participants, 17%.

Responses of Participants

Some dentists who performed the identifications had prior experience with disasters or situations in which people had been severely injured or killed and with forensic dental identifications, others were inexperienced. Forty-two percent of the participants had not anticipated that they would assist with the Mt. Carmel identifications. They approached the identifications with eagerness and anxiety due to the difficulties involved in and the importance of the task. Most were shocked and amazed at the state of the remains, most of which had been burned beyond recognition. There were many technical difficulties that had to be overcome with ingenuity and hard work to reconstruct the dentition and allow an identification to be made. The deaths of the children and the condition of their remains were very significant to most of the respondents. Almost all reported that their teams worked well and they felt proud of their efforts as individuals and as teams. Much credit for this success should be given to the Executive Director of the Ft. Worth District Dental Society for her efforts in arranging schedules that allowed the work to go on. Teams and families were highly supportive to those dentists during the period of the identifications. Following the completion of the task, almost everyone seemed to derive benefits from talking with someone close about their experiences. At the time of the survey, many still reported the presence of negative as well as positive thoughts about their experiences. Almost all had watched media reports about the events concerning the Branch Davidians and many expressed strong feelings about the events that had taken place at Mt. Carmel. Most participants reported that it took them about a week for their life to return to normal after the completion of the identifications, but for others the time was much longer, up to two months and more. Other reported "no effects." Most reported that something positive had come out of their identification efforts. Many reported an increased appreciation of their life, having gained valuable experience, and felt a sense of accomplishment.

Responses of Spouses of Participants

Only 25 percent of the spouses had been in a disaster or a situation involving death or serious injury. Thirty-seven percent expressed some fear of the effects of performing the identifications on their dentist spouses. Most of these concerns were about the effect of the dead children and fears of depression, withdrawal, or other emotional impacts on their spouse. All reported that they talked to their spouse freely during the period of the identifications and almost all said they had continued to discuss the identifications and other Mt. Carmel-related events since the end of the identification process. Adverse effects on the life of the dentist or the spouse were reported by about 25 percent of the respondents. These effects were largely due to emotional impacts of the children's deaths. Disruptions to the spouse's life were reported in over half the cases. The time for life to return to normal was from one week to two months. Eighty percent had watched media reports about the Mt. Carmel events and most had very strong feelings about what had happened. Fifty-five percent of the spouses felt that something positive had come out of the Mt. Carmel situation. They commented that they hoped that such events as the Mt. Carmel disaster could be prevented should something similar recur, that the public had been educated about such events, and pride in their spouses for their work in performing the identifications.

Responses of Non-Participant Dentists

Only about 12 percent of the non-participants had been in a disaster or a situation involving death or serious injury. Fifteen percent had previously performed dental identifications. Twenty-one percent said they wanted to participate in the identifications and would have done so had they been asked. About 30% reported that they had negative thoughts about the Mt. Carmel disaster even though they had not participated in the identifications. These thoughts had to do with the deaths, particularly of the children, and the role of the federal government in the disaster, both positive and negative. Almost 75 percent said they had talked to their spouse about the disaster, over 50 percent had discussed it at their dental practice with their staff, and almost half had discussed it with their patients. Eighty-five percent reported that they had watched media reports about the disaster. Very few disruptions to their lives were noted. Forty-percent (40%) reported that something positive had come out of the Mt. Carmel situation.

Responses of Spouses of Non-Participants

More than 90 percent of these spouses reported no experience with disasters or situations where people had been killed or seriously injured. Thirty percent reported that they still had some unpleasant thoughts about the Mt. Carmel disaster. As with the other groups, their responses were largely due to thoughts about the deaths of the children and the actions of the government. Eighty percent had talked to their spouses about the Mt. Carmel events and 73 percent had watched media reports. Little disruption was reported to their lives or anyone in their family. About 35 percent reported that they believed something positive had come out of Mt. Carmel. As with the other respondents, they expressed hopes that the public and the government had learned something about cults and that similar situations could be avoided in the future.

INTRODUCTION

A group of Seventh Day Adventists who called themselves "The Shepherd's Rod" settled in central Texas, near Waco, in 1935 at the "Mt. Carmel Center" (Linedecker, 1993, p. 52). Over the next 40 years, there were changes in leaders, in the name of the group, and their location. Vernon Howell, who had his name legally changed to David Koresh in 1990, joined what had become "The Branch Davidians" in 1983 (Linedecker, 1993, p. 59). Howell had been "disfellowshipped" from the Seventh Day Adventist Church in Tyler, Texas, in 1977 at age 18 for rebellious behavior, disputing church doctrine, and for claiming that God had given him the pastor's teenage daughter (Linedecker, 1993, p. 84). By late 1987, Howell was firmly in charge of the compound and most of its faithful followers (Linedecker, 1993, p. 79). Under Howell, the Branch Davidians lived in quarters that were segregated for single adult men, all women, and children. The followers were required to adhere to a vegetarian diet (which sometimes involved fasting), underwent long hours of Bible training from Howell, and were forced to rise early to perform calisthenics and work on the compound (Linedecker, 1993, pp. 86-88).

By the time Howell changed his name to Koresh, he began to refer to himself as the Messiah (Linedecker, 1993, pp. 97-98). When Koresh took over leadership of the compound, there was already a nucleus of weapons on hand, all of which were apparently legal under Texas and United States laws regulating possession and use of firearms. Federal authorities later began to suspect that Koresh and his followers were designing and preparing to manufacture their own crude submachine guns (Linedecker, 1993, p. 99). Koresh called his compound the "Ranch Apocalypse" and allegedly had told his followers that they were preparing to defend themselves. Koresh spent hundred of thousands of dollars to stockpile scores of weapons and ammunition. Branch Davidians underwent military training, weapons training, and guard duty as a part of their daily lives (Bailey & Darden, 1993, pp. 117-118). In August of 1989, Howell proclaimed "the New Light" in which he stated that any and all the female members in the compound and in the world were his. He claimed he had been divinely charged with creating an Army of God's children from his own seed. The women were then part of a house of many wives, like that of King David. A special group of Howell's followers, "the Mighty Men" who were responsible for his security and allegedly were preparing for a "war" against the federal government (Linedecker, 1993, pp. 119-121). State authorities had been concerned about allegations of child abuse at the compound. Examinations and investigations yielded no findings (Bailey & Darden, 1993, pp. 150-155; Linedecker, 1993, pp. 149-150, 152).

During the early months of 1993, federal authorities became concerned about the activities of this group, particularly their accumulation of large numbers of firearms, ammunition, and possible illegal weapons. They thought that Koresh was illegally converting semiautomatic AR-15s into automatic weapons and filling dummy grenade shells with explosives (Menichini, 1994). Farmers and ranchers in the area reported explosions and gunfire, which sounded like 50 caliber and M-16 automatic weapons at night inside the compound. In November 1992, a sheriff's deputy heard and saw an explosion set off on the property (Linedecker, 1993, pp. 150-151). Koresh allegedly informed his followers that Armageddon was going to begin on the grounds of Mt. Carmel.

On February 28, 1993, about 100 agents of the Federal Bureau of Alcohol, Tobacco, and Firearms (ATF) - a Department of the Treasury law enforcement group - attempted to serve a warrant for federal weapons violations on the leader of the Branch Davidians, then 33 year old David Koresh. A gun battle ensued which left four federal agents dead and 16 wounded; six Branch Davidians were believed killed and an unknown number of others inside the compound, including David Koresh, were wounded ("Protests mark opening day," 1994). For the following 51 days, the compound was under siege by federal and state authorities. Both the initial raid and the siege were extensively covered by the news media. On the 51st day, April 19, 1993, federal authorities took steps to end the siege which apparently resulted in fires being set inside the compound and the known deaths of 83 people and two fetuses.

Following the fire, authorities reported that in a concrete bunker inside the compound, around 400,000 rounds of exploded ammunition was found, enough to make a pile of cartridges 5 feet high, 20 feet long, and 12 feet wide. The remains of some 33 people, some under wet towels and blankets, were found buried under the piles of spent ammunition (Menichini, 1994). Most of the bodies of the 25 children under age 15 were reported to have been burned beyond recognition (Hutcheson, 1993). The identifications, autopsies, and cause of death investigations were performed by the Tarrant County Medical Examiner's Office. The causes of death were the following: smoke inhalation, 40; gunshot wounds, 24; suffocation, 9; blunt force trauma, 3; fire burns, 3; stabbing, 1; and five were undetermined (personal communication, Dr. Crow, Tarrant County Medical Examiner's Office, 11 March 1994). The identifications were very complex due to the fragmented state of most of the remains. Thirty-five were identified by dental means, four by fingerprints, 27 by DNA (including two fetuses) and two by anthropology. Seventeen were unidentified (personal communication, Dr. Crow, Tarrant County Medical Examiner's Office, 15 March 1994).

THE FORENSIC DENTAL IDENTIFICATION OF THE MT. CARMEL REMAINS.

The Mass Disaster Dental Team of the Ft. Worth District Dental Society was formed in 1980 to perform dental identifications of bodies resulting from any major disaster in that area. The team had been previously activated in August 1988 following the crash of Delta flight 1141. On this occasion, the remains were identified within 14 hours and the team's duties were completed (Lucas, 1993). In 1993, the team consisted of 50 volunteer dentists in the Ft. Worth area. These identifications were supervised by Rodney Crow, D.D.S., Chief of Identification Services of the Tarrant County Medical Examiner's Office and Nizam Peerwani, M. D., Tarrant County Chief Medical Examiner. The 50 member team was divided by the District Dental Society's Executive Director into 10 teams of at least three persons. Each team was led by a dentist with prior forensic dental experience on the Delta 1141 crash in 1988 or another case. After the first few hectic days in which most dentists were present, each dentist was asked to devote one weekday and one weekend day per week to the identification. This schedule was adopted to minimize the impact on their private practices (Love, Greer, & McKay, 1993), although the impact was still considerable for most of the practitioners.

Condition of Remains The identification efforts did not begin until 24 April 1993. Due to the intensity and duration of the fire and the time that elapsed before the bodies could be recovered, most were in extremely poor condition. The fire reached temperatures of around 2,000 degrees Fahrenheit, almost cremation temperature. Some bodies could not be removed for three days due to the danger from heat and explosions of the ammunition present in the bodies and in the Mt. Carmel compound. In some places in the compound, layers of ammunition were waist deep. Over 400,000 rounds of ammunition were estimated to have been present before the fire (Menichini, 1994). Other bodies also had to be identified, those dead Branch Davidians that had been kept inside the compound from the initial shootout on 28 February. Most of the burned bodies were unrecognizable as humans. The arms and legs had frequently been burned off and most of the heads had fractured leaving only fragments. Twenty-one bodies were completely headless. Some of the bodies were so full of ammunition that the x-rays did not penetrate them. Most teeth had exploded which required the dentists to work with the most minute dental fragments that could be found. The skulls that were still intact were used for possible anthropological identification in case no other means was positive. The oral structures were dissected, when possible, but only four or five bodies had fully intact oral structures. Teeth had to be glued back together and head and dental structures stabilized with appliances before dental x-rays could be taken for comparison with any ante-mortem dental records that were available. Eventually 35 bodies, including that of David Koresh, were identified solely by dental means (Love, Greer, & McKay 1993).

Time Periods of Identification Efforts by Dentists The great majority of the dental identifications took about 30 days. The range of days worked was from two to more than 30, the median number of days in worked was 21. (This does not mean that each dentist worked that number of days, but rather was the period in which he or she was called to work for some period of time.) The total number of hours spent in the Medical Examiner building was from 3 to more than 270, the median being 40. People worked different lengths of time at one stretch, from three to 16 hours. The median longest single time worked was between six and eight hours. The number of remains handled varied from one to all the remains (85). The number of remains seen by dentists in the office was from 10 to 85.

ESTABLISHMENT OF RESEARCH PLANS FOLLOWING DISASTER.

The handling of human remains following violent death is known to be stressful (Ursano & McCarroll, 1990). There are many recent examples of reactions of volunteer and professional rescue workers after disasters. Both short-term stress-related symptoms (Jones, 1985) and psychiatric illness have been reported after exposures to mass death (McFarlane, 1986). Exposure to grotesqueness (such as was known to occur at Mt. Carmel) is known to be a risk factor for posttraumatic stress disorder (Green, Lindy, & Grace, 1989). To our knowledge, there is no existing research on the psychological stress of performing forensic identifications in a professional group. Following the conclusion of the identification efforts by the Tarrant County Medical Examiner's Office, we sought permission and the support of the County Medical Examiner and the Board of Governors of the FWDDS to survey the dentists who performed the identifications and their spouses as well as a control group of 150 non-participants and their spouses. This information was provided to the membership of the dental society by their Executive Director in their monthly publication, Twelfth Night (Disaster Research Group Seeks Assistance, 1993).

DESCRIPTION OF STUDY SAMPLE SUBJECTS.

Our subjects were from four groups: participant and non-participant dentists and the spouses (or significant others) of both groups. We attempted to survey all 50 dentists who participated in the identification of the remains. The non-participants were randomly selected from FWDDS members who lived in Ft. Worth, but did not participate in the identifications. A random sample of 150 non-participants who lived in Ft. Worth was selected from the FWDDS Directory. A survey was sent to each participant and those non-participants that were selected to receive a survey and the spouses (or significant other) of both groups. A letter of request was sent to each along with an envelope for each person in which to return his or her survey.

Response Rates to Surveys Thirty-one (31), 62%, of the 50 participants in the dental identification group returned their surveys; nineteen (19) were (38%) returned by their spouses. For the non-participants, 48 (32%) were returned by the non-participant dentists and 26 (17%) were returned by their spouses and two significant others. Since there were only two significant others in this survey, the term spouses will be used in this report. Surveys were mailed in late October 1993. They were returned between late October 1993 and early February 1994.

Demographic Patterns of Subjects

SEX The sample of participants was composed of 29 men (94%) and 2 women; for the non-participants, 46 men (96%) and 2 women. The spouses of the participants were all women, but one; for the non-participants, all the respondents except one were women.

AGE The participants were significantly younger (43.7 years) than the non-participants (48.9). The age range of the non-participants (29-80) was greater than that of the participants (30-66). The average age of the spouses of the participants was 40.3 years; that of the spouses of the non-participants was 45.3. This difference was not significantly different.

MARITAL STATUS Seventy-seven percent (77%) of the participants were married; 10% were separated or divorced and not remarried, and 13% were divorced and remarried. Seventy-seven percent (77%) of the non-participants were married; six percent (6%) were separated or divorced and not remarried; six percent (6%) were divorced and remarried; and six percent (6%) were single. Eighty-four percent (84%) of the participants have children; 81% for the non-participants. The marital demographics were slightly different for the spouses of the participants and non-participants. For the spouses of participants, 68% were married; 32% were divorced and remarried. For the spouses of the non-participants, 73% were married, 8% were separated, 11% were divorced and remarried and one person was single.

RACE The racial composition of the participants and their spouses was 100% white. For the non-participants, it was 96% white and two percent (2%) each black and oriental. For the spouses of non-participants, the racial composition was 96% white, and 4% black.

EDUCATION All participants and non-participants had a D.D.S. degree. The educational level of both groups of spouses was very high. For the group of spouses of participants, 32% had some college experience, 42% were college graduates, 5% had a master's degree, and 16% had a doctorate degree (M.D., D.D.S., or Ph.D.). The percentages were similar for the spouses of the non-participants: 31% had some college, 35% were college graduates, 15% had a master's degree and 15% had a doctorate.

Numbers of Supportive People and Quality of Support.

We asked all respondents to provide the number of people that he or she could count on to be really dependable. A second part of this question asked them to think about those people and the support they generally provide, and to rate (on a scale of 0 to 10 where 0 represents none at all and 10 is the most one could possibly expect) how adequate is that support. The number of supportive people was slightly lower for the participants and their for their spouses than for the non-participants and their spouses, but differences were not statistically significant. The participants reported that they had an average of 5.7 supportive people in their lives, 6.0 for their spouses. The adequacy of the support was rated at 8.6 by the participants, 9.0 by their spouses. The non-participants said that they could count on 8.9 people, 8.2 for their spouses. The adequacy of support was rated at 8.9 for the non-participants and 9.2 for their spouses.

Experiences with Deaths and Disasters Prior to Mt. Carmel Disasters or Situations Where People had been Severely Injured or Killed.

The participant group was evenly divided between those who responded positively and negatively. At least six dentists had participated in one or two prior dental identifications of people killed in air crashes. Others had worked in a hospital emergency room, a funeral home, a prison, a military hospital during war time, or had been present following a severe accident. The experiences with death and disasters reported by the non-participants were much more limited. Only 12.5% (six people) had such prior experience in an accident, as a reporter, or in the military.

PRIOR FORENSIC DENTAL IDENTIFICATIONS Of the participant group, 40% had previously performed forensic dental identifications; only 7% of the non-participants had done so. Only one dentist in each group had been exposed to combat deaths in war time.

NEGATIVE REACTIONS TO EXPOSURES TO DEATH For those 15 dentists who had been involved in prior disasters or death situations, seven reported that they had had a negative reaction to that event while another seven said there had been a positive effect. Examples of some of the negative effects were: feelings of sadness for victims, feeling quiet and withdrawn for short time after, occasional flashbacks of the scene on first walking into the morgue following an airline crash (the first experience identifying remains), being mentally troubled for several days following the accident and bothered by recurrent mental images of the event, bad dreams - thoughts about life, death and hereafter. One person reported being bothered by examining a child who bore a resemblance to his own child.

POSITIVE RESPONSES TO EXPOSURES TO DEATH Examples of positive reactions were:

"Appreciation of life and rejuvenation of awareness of family ties"

"Realize how fragile life truly is"

"Felt positive about contribution to victims' families of the air crash by the rapid and positive identifications"

"Better grasp of my goals in life - just what is important - brought me closer to parents and my family"

"Helped me realize my own mortality and therefore gave me more time to my family, faith in God was strengthened"

For the non-participants, only two negative reactions and three positive reactions were given. The negative responses were fear of death and sadness at the loss of friends. The positive reactions were learning about death and dying, witnessing the reactions of co-workers, police, family members, and emergency personnel.

Prior Training in Psychological Aspects of Disasters Only two dentists in each group had had any prior training in the psychological aspects of forensic identifications. One of these was in a dental school lecture, another at a convention, one from a continuing education course and one had learned from a family member who was an emergency service worker.

Volunteer Status of the Respondent Dentists

Almost all the participants considered themselves volunteers for the identification efforts. A few said they participated because they were asked. Some said they had volunteered because they were members of the FWDDS Mass Disaster Team. Some said they had volunteered as a civic duty, because they had prior experience and felt duty bound, wanted to help the families and loved ones of the dead by helping identify their bodies, wanted to use their training and experience, or were curious and wanted to contribute.

Reactions of dentists to anticipation of the Mt. Carmel identifications.

Anticipation of handling the dead is known to have psychological effects. Persons with experience in handling the dead have been shown to have lower levels of anticipated stress than inexperienced persons (McCarroll, Ursano, Ventis, *et al.*, 1993). Only 58% of the participant dentists had anticipated that they would take part in the identifications. Only two non-participants had so anticipated. One was an alternate and the other was willing to participate, if called. Of the non-participants, 79% did not want to participate. Of the 21% who said they did want to participate, most said they would have helped if called upon.

RESPONSES OF PARTICIPANTS TO THE REMAINS AND THE IDENTIFICATIONS PROCESS.

Preparation of Participants for Mt. Carmel Dental Identifications.

REACTION OF PARTICIPANTS TO ANTICIPATION OF THE IDENTIFICATION TASK
We asked the participants for their reactions upon being notified that they would be asked to perform the identifications. This generated a wide range of responses. People generally reported that there was a sense of excitement to the anticipated tasks ahead. Some wondered if they were up to it, some participated because of their commitment to the team, others wanted to learn new procedures, and some were naturally concerned about the enormity of the task and its impact on their lives and dental practice. These were some of the reactions:

"Excitement, nervous anticipation, uncertainty."

"Nervousness, fear of the unknown and how I would deal with what I was about to experience."

"Hyperventilation, then resolve to do my best."

"I was a member of the disaster team and needed to participate and help share the load of the group."

"I dreaded the amount of time and effort - especially out of my office."

"Who me? What could I contribute?"

"I was happy that we had a few days to get ready (unlike plane crashes). I sat for several hours and talked to myself about the children. I convinced myself that somehow they were in the hands of a better God now."

"Ready and willing."

"Am I going to be able to do this? What were the bodies going to look like?"

"Excitement. The thought of participating in the forensics of such proportions as this was personally a heady experience. It felt good to be considered for my expertise."

TECHNICAL PREPARATION Prior preparation of the workers for performing forensic procedures in mass disasters is extremely important. Such preparation includes the technical aspects of the work as well as psychological preparation for the emotional reactions that are likely to be encountered, particularly for the inexperienced persons. The procedures and objectives were explained to the group by the County Medical Examiner and the dentist in charge of forensic identifications for the Tarrant County. We asked the survey respondents if this initial explanation of what was to be done was clear to them. The overwhelming majority (83%) said that the initial explanations were very well done. Only 17% said they were not clear. For those who thought that their duties had not been clearly explained, we asked them how they had learned their duties. Most of these comments seemed to come from inexperience and the need for a system of communication, always difficult to establish in the initial phases of such a disaster.

"It became more clear as we went along and individuals provided more organization and more communication between the different teams."

"Since this was new for me it was hard to adequately be prepared for this type of disaster. So a lot was learned by asking fellow members and medical examiner's office."

"Show and tell on post-mortem - trial and error was the order until we got the system down."

"Teamed up with other dentists that had worked disasters."

PSYCHOLOGICAL PREPARATION We asked the participants if they were told about possible psychological difficulties they might encounter as a result of their work with these remains. Interestingly, there was a big difference of opinion on what was told to them. Fifty-five percent (55%) reported that they were told about psychological difficulties while the remainder said they were not. Almost all the participant dentists were said to have been present at the initial in-briefing held by the county Medical Examiner and Chief of Dental Identification and others.

"I was told of possible dreams, nightmares, difficulty in coping with the situation in various ways."

"We were told that if there was anything we couldn't handle to go to another area. Several times I took over the jobs when team members hesitated. It was usually the smell. When they saw me do it they usually came back."

"But not until it was almost over did they offer counseling. Nothing was said before we started."

"Initially, little was discussed with the group as a whole about psychological difficulties. I think after a few days, however, a member of the clergy - a chaplain with the police department, offered his availability to us."

"Yes - as I recall we were told the bodies were in extremely bad condition and if we felt as though we did not want to be exposed to them, and view them as they were, we were under no obligation or commitment to proceed. Could drop out, no questions asked."

"Generically to feel free to talk amongst ourselves. I got the impression that not even the hardest medical examiners were prepared for Mt. Carmel destruction."

"Yes, but I really do not remember any specifics."

"Experience will remain with me rest of life. Could affect work, family, etc, possible nightmares."

First Reactions to Remains

We asked respondents to provide their first reactions to the remains. A variety of responses was given, but most indicated that the destruction and mutilation was beyond what most of them expected and provided a very strong, traumatic reminder of what happened at Mt. Carmel. The following responses were given:

"Disbelief that those were human remains. Unsure if I would be able to help in the identification of other bodies with such minimal information."

"Disbelief, shock, nausea and I wondered how I was going to deal with the actual identification process. I wondered if I would be strong enough to handle it."

"A little surprised, but mostly what I had expected."

"Intrigue, fascination."

"Amazed at the large number of bodies and how much ammunition was on the bodies, how charred and black the remains were and the smell like burned steak."

"I thought that the first one I saw was a dog. Quickly I realized that the limbs were burned away, the body arched backward - very difficult to even gain orientation. I thought - my God, this is so extreme, how are we going to get anywhere with ID."

"I felt they were quite gruesome and the stench was awful."

"That these people had given their lives for a character named David Koresh."

"What were these people thinking? How could one man hold so much control over these people they would let their own children perish?"

"Have you ever smelled a dead buzzard? The odor gets under your skin. Not too pretty."

"My first thought was this was not recognizable to me as being a human. After I began to look more closely and was able to determine which part of the body was which, I started to wonder about what kind of a person this was and what it must have felt like to die like she did."

"Reminded me of charred tree stumps. I thanked God it was not me as one of the victims. I then (after probably two or three minutes) proceeded to determine the anatomical orientation of the body or its remains. Had some questions I asked of others on the team, ie, where is head - how bad are the teeth damaged - how fragile is the body?"

"The most burned were that repulsive because they were so dehumanized and nonrecognizable. The bunker bodies were terribly smelly and repulsive because of maggots."

The Task of Forensic Dental Identifications

A great many jobs had to be performed to accomplish the dental identifications. We asked respondents to tell us their main job and any other jobs they did.

"Gathering information on the remains such as reconstructing teeth and skulls, charting this information, x-rays, etc., and cross-checking this with antemortem records."

"To work in a group of three dentists to examine, reconstruct if necessary, and make post-mortem charting records and radiographic records."

"Chart dental findings, take x-rays of jaws, super glue teeth that were exfoliated back on the skulls. Dissecting tissue around mandible."

"Helped a little in gathering antemortem records from around the world and charting them."

"Dug bullets out of bodies. X-rays of teeth/jaws. Picked over body bags looking for teeth/remains."

Technical Problems Encountered in Dental Identifications

Eighty-eight percent of those responding reported technical problems, due to the damage to the bodies, in performing the identifications. We asked the respondents to describe the technical problems they faced and how they coped with them. Most of these problems had to do with the fragility of the remains and the dentition. Glues were used to hold the teeth in position and various apparatuses were constructed to hold the remaining teeth for x-ray. The following are representative comments:

"Due to the fact that the bones and teeth were very fragile, it was difficult to reconstruct the teeth and jaws without further breakage. The use of superglue and fixing solutions was helpful. Besides that, the next best thing was to work slowly and meticulously."

"Bodies were fragile and hard to stabilize. Used superglue and acrylic spray. X-rays were difficult. Used silly putty to stabilize structures. Entire experience was gross and sickening and horrifying."

"Radiographs of jaws that were pieced together, i.e., a way of holding the film against the teeth/bone. We were able to put together some form of a film holder with clips and silly putty to overcome most of this."

"Very few intact oral structures, often none, but mostly partial structures, very charred, probably 1/2 of teeth exploded, crumbly, had to be reconstructed, even virgin teeth looked like blackened full gold crowns - took lots of time, detailed analysis. Reaction - initially fear that we couldn't do the excellent job we had done on the last disaster, then determination that we would."

"Being able to tell what dental structures remained - the bodies were so badly burned - we took x-rays anyway and we were all amazed at what we found."

"Properly positioning the x-rays for exposure. On occasion, we would have to hold x-ray during exposure. Also we might have to force the x-ray into place - which would cause the rotting to slide or fall off. Also the teeth might fall out and would need to be reinserted after maggots cleaned out of socket. We would take turns, work quickly. There was very little bad humor or disrespectful jobs. Sometimes I felt invasive of their privacy and sometimes I was doing work on an inanimate object. I was always to some degree repulsed."

"The maggots in the dental sockets mouth of the infant remains were particularly repulsive."

Team Approach to Forensic Dental Identifications

As noted, teams of three dentists led by an experienced person were formed to accomplish the identifications. Each member of the disaster team was asked to work a weekend day and one day a week until the identifications were completed. This arrangement did not guarantee that the dentists would always work with the same team due to the fact that each also had a practice to maintain. We asked respondents if they worked alone, as a part of a team, or both and how they liked this arrangement. Only eight people reported working with the same team throughout the identifications. The others worked with from three to eight different teams. No one preferred working exclusively alone; 83% preferred the team approach while 17% said they liked both. We asked people to describe how their team functioned and what could have been done to improve team functioning.

"Three man team whose function was to reconstruct jaws and teeth for charting and x-ray to compare to antemortem records. Each person rotated and had to check each others findings and concur before charts were turned in. System worked efficiently."

"We all took turns, charting, dissecting, and taking x-rays helping each other."

"Actually functioned very smoothly, virtually no power or ego struggles. Seemed that everyone was very willing to 'give in' to others' ideas to try to find answers."

"One person scrubbed teeth and read restorations. One person drew them on paper. Another confirmed restorations. One would take x-rays. Another would develop x-rays."

"I worked with several teams in taking radiographs. It was helpful working with someone to distract from the solemnness of the situation."

"The three of us were compatible and respected each other. We were of similar age and experiences. We were friends for many years."

"Team approach is best. One learns the other team members strong talents and refers pertinent questions to that member. For example, on our team there was a pedodontist who was very good at aging dentition."

"Much better working with someone, making decisions, perhaps easier to be detached from deceased."

Some jobs had to be done alone due to scheduling problems and some aspects of supervision. As reported by people who sometimes worked alone,

"Ideally, a team approach but since we couldn't get off work on some days and times, working with others and alone gave me the opportunity to others and clean up after others."

"Some work - example charting I think was better by teams whereas I preferred to work alone when comparing ante- and post-mortem charts."

"At times, such as when interpreting ante-mortem records or radiographs, it is perhaps better for the examiner to depend on his or her personal intuition rather than a committee approach. Later compare results."

Psychological Problems Encountered During Dental Identifications

In addition to the technical problems encountered, we also asked each respondent to describe any personal (psychological) problems encountered during the identification and how the person dealt with those reactions. Forty-six percent (46%) reported some kind of problem. Some reported no problems; others described strong emotional responses. Some of the psychological problems involved in such a mass disaster identification have already been noted such as the stress felt prior to seeing the remains, the first reactions to the remains, and psychological responses in conjunction with the actual identifications. Many members said they had no reaction while others described very intense feelings. We asked respondents to specifically identify the psychological problems they encountered while performing the identifications. The following comments are representative of those received:

"I still suffer from flashbacks - although they are lessening, triggered by clothing, shoes etc that I saw there and now see on people. Certain foods and smells trigger flashbacks. There are some foods - I don't believe I can ever eat again. Coping by prayer, talked to wife and friends (as much as I could) and trying to focus on the bigger picture, i.e., the 'task.'"

"Minimal personal problems. Some rearrangement of scheduling at the dental office increased stress more than working with the bodies."

"None."

"I found it very uncomfortable to work with young children's remains. To cope, I tried to focus on my work and the technical information."

"Tried to stay clinical, detached; stay busy."

"None. Smell - put Vicks under my nose, close to the nostrils."

"The intensity of the entire period and physical exhaustion. I attribute my ability to cope and to keep going to my athletic background. I turned it into a game that I knew that I was going to win. All I had to do is get up one more time than the opponent and I win."

"Seeing the children's remains caused anger, but no psychological problems that I am aware of."

"The children were tough and I just avoided working on their remains."

"The smell, odor, and deterioration were repugnant. At night, I thought a lot about the people. One young woman had a "star of David" emblem out of cast gold around her neck. It was under the ammunition belt and against the sternum."

"Asked to take a polaroid of a headless body - I opened the bag and saw 'normal' legs/pants - as I opened bag - a charred spinal column stuck out of the pants - no upper body - we took the picture to show no dental remains. It was gross - very haunting memory."

"I did not have any psychological problems in my work with the bodies and I think it was because there were so many others doing the same thing I was doing that I knew everything would be all right in the end."

"Just disgust that people (cultists) would all this to happen to them."

"Changed my perspective on how I looked at everyday life."

EMOTIONAL INVOLVEMENT WITH THE REMAINS In addition to our query about psychological difficulties, we asked respondents a more specific question about their "emotional involvement" with the remains, a common occurrence in mortuary workers (Ursano & McCarroll, 1990). Sixty-percent (60%) said they had felt emotional involvement. Most of these had to do with the children's remains. These are some of the responses provided:

- "Slight feelings when working on teenage girls since I have one. Some sympathetic feelings when working on small children, also."
- "Children in particular. Seeing some of the kids was very emotional. In the morgue positive and probable Ids or parts of bodies or clothes triggered deep feelings of remorse and sorrow."
- "I often wondered how anyone could have kept the young people inside the Mt. Carmel compound."
- "There was a particular instance where all that remained was the arm and hand of a mother clasping a small child's hand and remain of arm. You would see how tightly the child's hand was being squeezed by the mother. This is the fact that I remember of the disaster and I think of the fire, etc."
- "I felt that they were just people following the wrong person. I feel that in day to day life most of them were not bad."
- "The children. I have small children at home. I couldn't keep it out of my head that these charred small bodies were the same ages as my kids."
- "Anger at people for following a man so blindly - for not reading their Bibles enough to realize David was not the messiah - anger for dragging their children to a fiery death. Children had no choice."
- "Was emotionally affected when I viewed the remains of a badly burned young girl with braided pigtails. The pigtails gave a more human character to the remains."
- "I wondered what they must have been like when they were still living and I wondered what they felt as they were dying."
- "A little wet-eyed as I saw the remains of a girl, 10-12 yr, brought in completely distorted with legs and feet in odd positions as though "it might have hurt her." Yet, as I viewed her, I became angry at the thought of the useless and meaningless carnage; that adults would put children in that environment and situation. This lasted only for a few minutes and was the only time I became upset."
- "The driver's license pictures of the younger women and men (13-20) looked like normal people I have or would want to have in my practice. The medical examiners cut off tennis shoes that I might buy for my children."

"Reading the antemortem dental records, seeing their pictures made me feel like these were real people: people's children, mothers, fathers, sons, daughters. It made me realize the enormity of the tragedy."

Improved Psychological Preparation, In Hindsight

Earlier in the questionnaire, we asked participants if they had prior training in psychological aspects of forensic identifications. Almost all had not. At this point, looking back on their experiences, we asked the dentists if they thought anything could have better prepared them psychologically for what they had seen and what would they tell others. Twenty-three percent (23%) said that the psychological preparation they had been given had not prepared them for what they had to work on and see. Most offered comments as to what could have been said or what they might tell others. On the negative side, the comments that were made focused on the uniqueness and grotesqueness of the remains suggesting that nothing could have prepared them. Others offered suggestions for coping. The following are examples of what people reported as psychological preparation:

"Words could not adequately describe what we would see visually."

"No - be very focussed on the task at hand during the procedure. Allow yourself to feel sorrow etc without holding back. Have someone to talk to. Do not keep feelings inward."

"Try to detach yourself from the situation. Take several breaks during the day."

"Plan to talk about it with other participants. It is frustratingly impossible to describe it to others."

"I know very little that could be told to psychologically prepare a person. Just remember that these are people - even though dead they deserve the gentleness that you have to offer. It is just a job - do your best."

"No, I don't think much could prepare one for this situation. Maybe telling people it's okay to be emotional and upset - have bad dreams - doesn't mean one is weak."

"I'm not sure one can be psychologically prepared without having gone through something similar. The two previous plane crashes didn't really prepare us psychologically for this."

"Do not carry the autopsy out of the door. Avoid the press. Share my thoughts with my wife and kids."

"Maybe talk with other team members about the cases and what we saw."

"Talk."

"I'm not sure anything could have prepared me for what I saw. It was horrible. I think the people at the Examiner's Office were super - everybody was supportive and caring."

"I don't know if there were psychological statements that could have been made in preparation of what we were to be doing. If I were a psychiatrist I might know of something for preparation. However, I had conditioned myself physically, emotionally, and spiritually for the task that lay ahead. Comment to others: What you are about to see are the earthly remains of some of God's creation; nothing else, no feeling, no soul. The spirit is gone, the personality we don't know. The survivors can remember joyful (or sorrowful) times. Our work is to use our God given talent and attempt to identify these remains."

"Not really - some people are just not suited for this type of work."

"I think what we were told and the fact that no pressure was put on us to hurry helped."

Personal Support During Identification Process

We asked several questions about support during and after the identification effort. Different views of the nature and timing of support were provided by the respondents. We first asked, "Did you feel you needed personal support during the IDs?" There were different views about just what it is that constitutes support. Support can be roughly divided into two kinds: instrumental support (help getting things done) and emotional support (someone to talk to). We did not ask the dentists to differentiate between these two and their responses reflected a mixture of both instrumental and emotional support. About 75% reported that they did not feel they needed more than the usual personal support during the identifications. However, some among these people indicated that they appreciated the support available and given.

"PERSONAL SUPPORT NEEDED" Only 24% responded positively and these reflected the need for and appreciation of emotional support.

"There was a feeling of security, cooperation, camaraderie, and support that was provided by other team members. The responsibility of this task was so great that support from other persons was a must."

"I was glad to have the presence of other team members and the supervisors. It definitely was reassuring to have someone to discuss technical difficulties and to help each other during exams."

"Just team 'moral' support - that we really were making progress."

"My patients and staff were a big help. They ask me what I was doing. When I told them they all said, 'God bless you.' They felt for me and cared a lot."

"Need to talk to someone to release the huge build-up of emotions from the experience."

"NO PERSONAL SUPPORT NECESSARY" For those who said "No" (76%), their responses suggested that they were responding negatively to the emotional support side of the picture. Many reflected the instrumental side. The following were among the "No" responses.

"We were capable of identifying and double checking each other."

"Team members gave adequate support."

"Other than cross checking and verification of procedures and duties with M. E."

"Wanted someone to listen to the day's events because I was so reved up from the excitement of our daily discoveries."

"Did not bother me to the point that I felt like I needed support."

"I was too busy with this and at my office to even consider any personal support, or the need of it."

SUPPORT PROVIDED BY SUPERVISOR The theme of the nature and availability of support to those dentists performing the identifications was further explored by asking if their supervisor provided support for them. The respondents were about evenly divided on this question.

SUPERVISOR SUPPORT NEEDED Fifty-five percent (55%) indicated that their supervisor provided personal support during the identifications. For those who responded positively, the comments seemed to center around the confidence shown by the supervisor and the caring attitudes evidenced.

"Always supportive, never critical. His confidence in our ability carried over to us to do a good job."

"Hands-on help as well as being there to talk to anytime."

"[Chief of Identification] was quite an excellent leader - source of direction, purpose, encouragement."

"Supervisor talked about his difficulties and dreams - depression - stress."

"Supervisor mentioned that it was helpful to discuss this experience in order to avoid any psychological complications."

"I was giving my time and experience as a 'gift.' I closed my office - my overhead went on. Supervisor thanked me several times for my contribution."

"It was helpful for group discussion while doing the IDs or during lunch break. I would not want a formal agenda type discussion with a 'leader.' Also did not want to sacrifice more personal time where a support discussion was the purpose."

SUPERVISOR SUPPORT NOT NEEDED The following responses were among those who said their supervisor did not attempt to provide personal support for them. It is noted, however, that even though many said their supervisor did not attempt personal support, it was given and at least implicitly recognized by these respondents.

"No, however, supervisors were very available to answer technical questions."

"Mainly talking about it afterwards with team members as well as some members of the FBI."

"Not really. We were all so involved in the task at hand."

"Have a beer ready at the end of the day - tiresome work."

"Comment by supervisors. That we were performing a professional service just as though we were examining our patients mouth, but under adverse physical, mental, and emotional environmental. Try to remember why we are here, and what we are working on and with. Not personal, but objective."

"The supervisor was there to help - but personal support was not asked for or needed."

TEAM MEMBER SUPPORT We also asked if fellow team members provided support and for them to describe that support. About 75% reported that other team members were supportive. Comments were largely about the confidence they felt in each other and how working together was especially supportive because it helped to insure the accuracy of their identifications.

"Total cooperation. Never heard one cross word. Amazing closeness with other team members."

"It was just nice to know if you had any problems it was nothing to be ashamed of and help was available through any of the working members along with professional help."

"Very helpful - it was reassuring to have someone to discuss charting questions and just to hear a friendly voice."

"Yes, helpful. Most people unusually courteous, considerate, open about feelings. Helpful to have others sharing experience 'in it with you.'"

"We kept talking - some times joking to break the intensity. Every one shared the joy of each ID."

"It allowed one to feel he is not alone in his feelings."

"We just talked amongst each other about situations. Nothing specific except we felt sorry for the children."

WORK ON SAME TEAM AGAIN? Our final question on team work was whether each person would want to work with the same team again. The response was overwhelmingly positive about the work of the teams and that approach to dental identifications.

"In a second."

"We worked well together."

"I would be very interested. It was not only interesting, but an educational experience as well."

"I thought every volunteer was very professional and conscientious."

"Enjoyed working with team, but not sure I would do it again."

"If a disaster hit Fort Worth again and I was called, I would go. I volunteered to this disaster team. A sense of loyalty."

"They were ethical and respectful and honest and no prima donas."

"Does not matter."

SUPPORT RECEIVED DURING IDENTIFICATIONS We asked to participants to rate the support they received from various people during the identifications on a one to five scale where one was "Very unsupportive," two was "Fairly unsupportive," three was "Neutral," four was "Fairly supportive," and five was "Very supportive." Ratings were requested for spouses, family members, dentist coworkers, dentist non-coworkers, and supervisors.

SUPPORT OF SPOUSES No spouse was rated at "Very unsupportive;" Ten percent (10%) were rated as "Fairly unsupportive;" Four percent (4%) were "Neutral;" Twenty-five percent (25%) were "Fairly supportive;" and Approximately 60% of the participants rated their spouse as "Very supportive."

SUPPORT OF FAMILY Family member support was rated as "Neutral" in 24% of those reporting. Twenty-one percent (21%) were seen as "Fairly supportive," and 55% were rated as "Very supportive."

SUPPORT OF COWORKER DENTISTS Four percent (4%) were rated as "Fairly unsupportive," 11% as "Neutral," 32% as "Fairly supportive," and 53% as very supportive.

SUPPORT OF NON-COWORKER DENTISTS Of those other dentists, those not working on the identifications, 21% were rated as "Neutral," 24% were "Fairly supportive," and 55% were "Very supportive."

SUPPORT OF SUPERVISORS Eighteen percent (18%) were rated as "Neutral," 14% as "Fairly supportive," and 68% as "Very supportive."

Responses of Members of the Dental Disaster Team After the Conclusion of the Identification Work

We asked a number of questions about the feelings and thoughts of the participants after the identifications had been completed. We asked about lingering unpleasant thoughts, support needed since the disaster, how long it took for life to return to normal, effects on their dental practice, their familiarity with media coverage of the disaster, and whether they thought anything positive had come out of their experience performing the identifications of the Mt. Carmel victims.

NEGATIVE OR UNPLEASANT THOUGHTS Forty-three percent (43%) of the respondents reported themselves free of negative, unpleasant, or unwanted thoughts, scenes, or memories about the remains during the identification process. The comments of the rest of the dentists were largely concerned with the dead children and the smells of the remains.

"The smell was bad. Overwhelmed at the amount of ammunition and weapons that these people had on their bodies."

"What we saw - the smells particularly. Maggots."

"Sometimes when I eat barbecue I have flashbacks. I have flashbacks each time I see one of those little flags that mark gas lines. They are like the bodies are marked in Waco. Then I put it out of my mind saying it was just a game and I won - time to get ready for the next one."

"The mass numbers of body bags in the cooler; everywhere you looked more body bags. The smell of burned flesh/tissue. Small body parts, limbs, diapers, a small red tennis shoe all commingled in a body bag of charred remains and bone."

"Child's skull - children's clothing."

"Viewing pictures of the children and then going down to the morgue to see the remains. I avoided doing this again. I felt somewhat guilty that I was letting the team down."

"Occasionally I am troubled by the memory of a severely burned young girl."

"I see the little children - we saw pictures of them, then did matching on the remains. The lady with the charred spinal column. I still see the pants and legs. A tennis shoe with a foot inside, detached. A melted baby bottle stuck to the body of a young woman."

"The mental images have pretty well faded now. I hope that people know how conscientious, thorough, and disciplined we dentists were to not make any mistakes."

TALK WITH SUPPORTIVE PERSONS Almost all the participants indicated that they had talked at length to people they trusted, not always in terms of specifics of the cases, but about their feelings. They talked to spouses, to people in their dental practice, to patients, and other trusted people.

TALK WITH SPOUSE Since so much support tends to come from a spouse, we asked if the participants had wanted to talk to spouses, but had not done so. Almost none found their spouse unwilling to talk. We asked about the main topics of conversations with spouses.

"General terms. Few specifics. Procedure for identification - antemortem and postmortem records, charting and procedures."

"It periodically comes up in relation to some flashback triggered by sights, smells. I could not attend a horror movie and am not sure how I feel about Halloween and the way people mock the dead or dying etc. (Those things never bothered me before.)"

"Everything."

"Talked about incident afterwards, as we read about it in the paper."

"My wife helped me a lot - we have kids and the young victims really bothered me."

"Yes, to a certain degree - somebody not involved in the identification doesn't have a complete understanding of the full magnitude of what we dealt with."

"Only on one or two occasions the subject of ID has insignificantly popped into conversation as it were a comment about the weather."

"The senseless waste of life/lives. What possessed such a man to lead these people as he did. The children that were innocent of the situation, but were involved through action of their parents and others. Very little talk about the identification procedures or the bodies."

"I became a little more interested in how a cult might attract followers."

TALK WITH CO-WORKERS Talk with co-workers in dental practice appeared to be more limited than the conversations with spouses.

"General terms. Few specifics. Procedure for identification - antemortem and postmortem records, charting and procedures."

"Discussed how glad I am that it's over and how incredibly horrid the entire mess was."

"Staff was curious about our work. However, I only felt comfortable talking in general about the disaster - did not discuss specifics."

"The state in which the remains were found, the bodies with ammunition and maggots and the difficulty which we had in the ID process overall."

"I like to talk about it - I give lectures and slide presentations. Many of my patients want to know about it."

"Daily work, what we found - emotional aspects of working with bodies, especially children."

"Family wanted to know what I went through. They were proud."

"Smell first - parts of bodies, not too many whole ones."

"Without describing gore, I have told many patients that I helped in the ID of Mt. Carmel victims. They find it interesting."

"Aid, during and since, help with coping."

TALK WITH PATIENTS We also asked about any discussions with patients about the identification events. Most indicated that they had given only general information to patients.

"Some generalizations when asked. Many patients are aware of my involvement and occasionally asked if we are done."

"Positive ID of Koresh."

"Briefly explained that I worked with dental disaster team to help identify bodies."

"Large amount of ammunition on bodies."

"Generalities, logistics of time out of office. Impossible to talk about specifics with most people without feeling irreverent."

"They all ask me if David Koresh is dead!"

"Daily work, what we found - emotional aspects of working with bodies, especially children."

"Only in most general terms when they would ask about this case."

"Described the condition of the bodies. Told them what we did. Told them about seeing David Koresh."

"Some knew I was participating and they had some questions. Also, some commended me for participating, but also expressed their concern and asked if I was handling it ok, and I assured them I was."

"Only in generalizations. I would say it was macabre, but not in detail."

Long-Lasting Adverse Effects None of our respondents reported any lasting adverse effect on their life as a result of their participation in the Mt. Carmel identifications. There were indications of transient effects.

"Not really - some feelings described earlier."

"Not any lasting ones that I am aware of."

"I guess that Mt. Carmel will always be a part of my life - I'm not for sure it is adverse - because I'm so proud of the team that it overshadows any adversity, to know that we were there for [the chief forensic dental office], my friend, was worth everything."

Effects on Dental Practice There was more of an indication of some effect on the dental practice of some of the participants. Although a considerable financial sacrifice was made by some, that did not seem to be the most important factor in their thinking at the time the survey was completed.

"Only temporary. Rescheduling of patients and some loss of income."

"Helped me re-evaluate what's important such as family and their wonderful support and helped me focus my priorities in a different way."

"Patients have showed a great interest and seem to appreciate 'their' dentist was a part of this."

"My patients were proud of me."

"I found that during the identifications I had less empathy for my patients than usually and it took me a while to get that back."

"It has helped my self-esteem."

"I have given a few talks at civic clubs and had a nice write-up in our local paper."

"Adverse effects - lost production. Positive - patients were very responsive to my efforts and curious."

"In the sense that I know I can handle that kind of thing."

"I think I am motivated to keep better records."

Time for Recovery of Life to Normal Only 25% indicated that they required no time for life to return to normal. About thirty percent (30%) said that it took about a week and another 13% said it took them about two weeks to return to normal. Others reported longer times, from three weeks to two months. Two participants indicated that their lives had still not returned to normal at the time of the survey, but these were for administrative reasons and were apparently by those participants' own choice. We asked them what would have helped life return to normal more quickly.

"It would have helped to schedule evening hours instead of during working hours. Catching up at the dental office was more difficult than any other obstacles."

"I don't know - I would have been afraid to take time off and just re-coup, but at the same time - I hated all the things that were left behind that I could not do at the time and had to catch up on. I hated being so busy yet I wasn't comfortable not staying busy."

"Talking to other team members of the group and learn."

"Perhaps rest, recreation instead of extra stress of trying to catch up at the office."

"I'm ok. I choose not to return to normal because there is still a lot of people who want to know about Mt. Carmel so the game is not over for me and I'm glad."

"The process 'just ended' with a phone call not to return. There was no closing - there was no finish."

"Don't really know."

"I think it's a normal process to reflect on all the work we performed. The debriefing helped. It is important to talk to people who can relate to the experience."

"No effect on my life."

Positive Thoughts About the Identifications? The respondents seemed to draw considerable personal strength and increased self and professional knowledge from the identifications as well as the experience of working in a close-knit team effort. Eighty-seven percent (87%) reported that they had derived something positive from the experience. The following comments were made.

"I could do a better job of identification. Feel as though I have immense forensic experience and knowledge (still have a lot to learn). I have been asked to speak to dental groups about my experience twice now and enjoy sharing this."

"I have a deep sense of mortality and I'm very thankful my family and friends [and myself] have the opportunity each day to live healthy and productive lives!"

"Realize the adverse effects of cults and will realize the press is sometimes not accurately reporting details. Will question press more."

"The team work is number one. I am also proud of myself - someone had to do it."

"Better relationships and friendships with colleagues."

"I have been of service to dentistry and to my community."

"Gave me a better understanding of anatomy of the jaws. Helped me to see that maybe my problems are not as bad as they seem to be sometimes. In other words, things could be a lot worse."

"Improved my forensic identification technique for and application of same if ever needed again. Showed me, how many of my friends and patients thought it a special contribution of my professional skills, service, and expertise; but, also showed how they were concerned about my handling it, and if it had any emotional effect on me or my family (I assured them it didn't.) It evoked an attitude of more patience, tolerance and understanding toward others. It also evoked a sense of awareness toward others; or awareness if others were having problems and offer support, if applicable."

"Helped to deepen my own personal faith and belief in God. Help to realize what is important in my life."

Reactions Noted at the Time of the Survey

The indicators of distress which were endorsed in the sample of participants was relatively low. In the survey, respondents were asked to rate their responses during the past week on a four point scale where 0 was "Not At All" and 4 was "Often." We report those reactions which were endorsed at a level of "Sometimes" or "Often" by 20% or more of the respondents.

- * Twenty-nine percent (29%) reported that they "Sometimes thought about the Mt. Carmel disaster when I didn't mean to"; three percent (3%) reported this "Often."
- * Twenty percent (20%) said they "Sometimes avoided letting myself get upset when I thought about it or was reminded of it." and 23% said this occurred "Often."
- * Twenty-nine percent (29%) said they "Sometimes had waves of strong feelings about it." Six percent (6%) reported this as "Often."
- * Thirty-six percent (35%) reported that "Sometimes pictures of it popped into my head." Thirteen percent (13%) reported this as "Often."
- * Twenty-three percent (23%) said that "Sometimes my feelings about it were kind of numb."

RESPONSES OF SPOUSES OF PARTICIPANT DENTISTS

Prior Experiences with Death and Disasters and Anticipation of the Identification Process Only 19 spouses (38%) completed questionnaires. Most (79%) had no prior experience with disasters or situations where people were severely hurt or killed. Only 4 (21%) responded positively. Almost exactly the same percentage of spouses (53%) as participant dentists anticipated that their spouses would participate in the identifications. Once the spouse was notified, 37% of the spouses expressed some fears about the effect of the identification process on their spouse. Their comments concerned fears that the spouse would become depressed and worries about the effects of working on the remains of the children.

"I didn't know what to expect - I thought he might get depressed."

"Concerns about the emotional impact the identification procedures would have on him. Also, after hearing about the severe state of decomposition of some of the victims, I was concerned about physical safety and health risks."

"I had a fear of a permanent emotional effect on my spouse, especially because of the children involved."

Talk to Other Spouses During the Identifications We asked the spouses if they talked to any other spouses whose husband or wife was performing the identifications during that period of time. Not one responded positively indicating that there was a very good chance that talk about the identifications remained in the family. All the spouses reported that they talked to their spouse during this time. Their comments indicated that they talked about a wide variety of issues.

"Feelings, listened to what he said more than questions."

"The quantity of bodies, the atmosphere of the work, the anticipation of finding David Koresh."

"We talked a lot about it, and all different aspects. Fortunately, we felt the same emotions and pain."

"We discussed all aspects of his work."

"What remains looked like, what type of protection (gloves, gowns, etc.) he was using during procedures, room/facility he was working in, who he was working with."

"He did most of the talking. I didn't have to ask."

"Upon returning after the first session of identification, my husband quietly related what he had experienced along with the other dentists. What he saw was beyond words. However, he realized his responsibility to service."

"Condition of bodies. Comraderie with others."

After the Disaster

UNPLEASANT THOUGHTS We asked the spouses if there were any negative or unpleasant thoughts, scenes, or memories about the Mt. Carmel disaster that frequently came to mind. Most of them (68%) indicated "No." Those who reported still having some negative memories frequently commented on the deaths of the children.

"The horrible and senseless death of the innocent children."

"Children who died."

"Death and anger toward Koresh's power over those who followed him."

"I happened to be watching the news coverage and noticed and commented on the 'flames' manifesting itself while TV newsmen was not alluding to the beginning fire. It was several minutes before the newsmen commented on seeing "fire." It was very sad to see that devastation."

CONTINUED TALK WITH (DENTIST) SPOUSE While the majority of the spouses had no negative memories or thoughts about Mt. Carmel, 95% reported that they still talked to their spouses about the work on the identifications.

"He feels that the only way someone could understand what he experienced would be to have been there. He feels as if his participation was meaningful, but wonders why God had him experience this."

"Asking him if he's still ok with everything."

"Sense of accomplishment, helping as a volunteer, whether he was bothered by the work."

"We have talked a lot about all topics. This whole thing has been such a big part of our life, since this has happened."

"How he felt/talked about his needs after leaving the labs, etc. I was concerned about him."

"We have talked about the conditions of the children."

"The needless and senseless demise of all those people, especially the children. The condition of the bodies and the process used to come to a point of identification."

"Even though it was difficult to do the identification the support of the team helped plus group discussion to be sure of the identification. My husband's firm foundation in Christian faith gave him the proper perspective - courage - and conviction of this as an expected service as a Christian and a dentist."

"Wasted lives, how 'normal' people appeared in ante-mortem materials."

DENTIST SPOUSE RELUCTANT TO TALK About 25% of the spouses reported that their (dentist) spouse had been unwilling to talk about his/her work on the identifications after they had been completed.

"He just doesn't have too much to say, simple the facts, objectively."

"On occasion - there were times (in the beginning) when he wanted it completely out of his mind."

"I did not wish to 'force' him to tell me how he felt or about how he related to the victims."

"Did not want to instigate negative thoughts for him."

NEGATIVE EFFECT ON SPOUSE'S LIFE We asked spouses if there had been any negative effects on their lives or the lives of their spouses since the disaster. A majority (68%) said there had been no ill effects. For those who did report negative personal effects, the spouses noted largely emotional responses to the deaths of the women and children.

"Yes and no - during the process my husband was deeply saddened - seeing the charred bodies of children and young pregnant women affected him deeply. He wanted the family to be reminded of how fortunate we are and how every day should be treasured."

"My husband was very emotional, became angry easily."

"He has awakened several times in a nightmare state because of the deaths of the children."

CLOSING EVENT Most of the spouses (68%) did not attend the "closing event" which was hosted by the Tarrant County Medical Examiner. The reasons for not attending were varied. Most reported schedule conflicts; some wanted the time to do other important things such as attend events with their families. Those who did attend reported enjoying the event and feeling pride and admiration for their spouse and the others dentists who performed the identifications.

Media Coverage Most of the spouses (80%) reported paying attention to media coverage of the Mt. Carmel events. Magazine, newspaper, and television coverage were all subjects of attention.

"We watched the television production - it was interesting to see what was perhaps going on behind those walls - I felt great anger toward David K. and the others in charge."

"Disbelief on how something so bad could happen."

"Frustration with people who seem to be so judgmental against others who are different from them."

"I watched some, not all, of the TV movie, saw the fire live on TV, plus since so much was presented by the media on this event, it was hard not to read in paper and People magazine or view any reports."

"No effect."

"To be surprised at how many people can give themselves over to the control of another human being. People need to believe in something and in their search they lose their way. One should believe in themselves and God and not give over control of their lives to someone else."

- "TV coverage - rehashing ad nauseam - brainwashing the public to its own views. And -covering the 'who's to blame issue' and 'what could have been done to prevent the disaster.' I feel - along with the recent TV movie on subject - it's been placed in realm of sensationalism and exploited for profit."
- "Horried when saw the compound begin to burn. Couldn't believe so many lives (esp. children's) could be lost in this way."

Life Disruptions We asked the spouses if there had been any disruption to their own lives as a result of the Mt. Carmel disaster. Respondents were about evenly divided between no effect and some disturbance which required one week to two months before life returned to normal. Almost all (90%) reported that their had been disruption to their spouse's life which also took about one week to two months to return to normal. The major disruptions were loss of income from the period when they were performing the identifications, trying to maintain the two schedules (office practice and identification work). some minor emotional reactions to the trauma including sleep problems, depression, and withdrawal.

Overview of Outcome of Mt. Carmel We asked the spouses of the participants if they thought that anything positive had come out of the Mt. Carmel disaster. Slightly over half (56%) said that something positive had come out of the disaster.

- "It made us aware of how fortunate we are in many respects and how we should treasure each day as well as each other. My husband saw how quickly a life can be taken. (Even being at the morgue while the 'every day' deaths were happening affected him. He wonders if this experience will ever come back to 'haunt' him. The smells of the bodies stayed with him for weeks and he literally could not 'escape' them.)"

"The dental disaster team found out how well they work together."

"Education on disasters, admiration for my husband, met friends. Perhaps some officials have learned how to handle these situations better."

"It points out how easy it is for a person to be led astray and separate himself from the will of God."

Those who saw nothing positive resulting from Mt. Carmel (44%) has less to say.

"I don't see how something this terrible could have anything 'positive' come out of it."

"I can find nothing positive about Mt. Carmel or the disaster following all the chaos."

Reactions Noted at the Time of the Survey

The indicators of distress which were endorsed in the sample of spouses of participants was also relatively low. In the survey, respondents were asked to rate their responses during the past week on a four point scale where 0 was "Not At All" and 4 was "Often." We report those reactions which were endorsed at a level of "Sometimes" or "Often" by 15% or more of the respondents.

- * Sixteen percent (16%) reported that they "Sometimes thought about the Mt. Carmel disaster when I didn't mean to"; ten percent (10%) reported this "Often."
- * Thirty-two percent (32%) said they "Sometimes avoided letting myself get upset when I thought about it or was reminded of it" and 11% said this occurred "Often."
- * Ten percent (10%) said they "Sometimes tried to remove it from my memory" and 5% reported said this occurred "Often."
- * Twenty-one percent (21%) said they "Sometimes had waves of strong feelings about it" and 21% said this occurred "Often."
- * Thirty-two percent (32%) reported that "Sometimes pictures of it popped into my head."
Five percent (5%) reported this as "Often."
- * Ten percent (10%) reported that "Sometimes other things kept making me think about it"
and 10% reported that this occurred "Often."
- * Ten percent (10%) reported that "Sometimes I tried not to think about it;" five percent reported that this occurred "Often."
- * Twenty-six percent (26%) said "Sometimes any reminder brought back feelings about it;"
five percent (5%) reported that this occurred "Often."
- * Fifteen percent (15%) said that "Sometimes my feelings about it were kind of numb;"
ten percent (10%) reported that this occurred "Often."

RESPONSES OF NON-PARTICIPANT DENTISTS AND SPOUSES (AND SIGNIFICANT OTHERS)

In order to better understand the responses of the dentists and their spouses who were involved in the body identifications from Mt. Carmel, we also surveyed a group of dentists and their spouses who lived in the Ft. Worth region, but were not connected with the disaster or the Dental Disaster Team. A total of 150 dentists and their spouses were randomly chosen to receive a survey. Forty-eight dentists (32%) and 26 spouses (or significant others) (17%) returned completed surveys.

Prior Experiences with Death and Disasters Most of the non-participant dentists (88%) and their spouses (92%) had not been in a disaster or a situation where people had been severely injured or killed. Only one dentist and spouse had actually been in a disaster; the other responses were based their presence during or following an accident or incidental to non-combat military service. Eighty-five percent (85%) of the dentists had never performed a forensic dental procedure, only one had handled remains from a disaster or mass casualty, and only one had been in a war and been exposed to combat deaths. Only two dentists had ever received any instruction in psychological aspects of disaster or other mass casualty situations. Eighty percent (80%) of these dentists reported that they did not want to participate in the identification of the Mt. Carmel deaths, but the remainder said they would have done so if asked.

Unpleasant Thoughts About Mt. Carmel Even though these dentists and their spouses did not directly participate in the identification process, a majority of the dentists (71%) and their spouses (69%) reported that such unpleasant thoughts still come to their mind. Most of the comments had to do with the deaths of the children and the federal agents and the apparent senselessness of the events. Some representative comments of the dentists and their spouses.

"People burning alive."

"The fire and the thought of the senseless killing of the children plus all of the others."

"Scenes of the ATF officials in the assault mode and receiving gunshots. The fire and its consequences of death, knowing children were involved. Knowing the government acted in a macho fashion and its consequences."

"These people were not the kind that I know in my church congregation or in my work place. I don't appreciate what they did nor do I condone such an activity."

"Just the thought that it was completely needless."

"The fire was the worst, but seeing the officers being shot off the roof of the building was awful also and hard to understand much disregard for law. I was so sorry for the children and the non-present parents of the children."

"The burning of the 'compound' is an unpleasant memory; the thought of people being burned to death, especially innocent children is unpleasant. The actual pictures of the federal agents first storming Mt. Carmel, then seeing them being shot was a terrible scene."

Talk About Mt. Carmel

TALK BETWEEN SPOUSES ABOUT MT. CARMEL Both the dentists and their spouses indicated that they had talked a lot about the disaster. A slightly higher percentage of the spouses (81%) said they had talked about it with their spouses compared to the dentists (73%). All the spouses reported that the dentists were willing to talk about it. A few dentists said they had refrained from talking with their spouses about the events. In both groups, the topics of conversation were about cults, the questions of responsibility (on both sides), the process of dental identification, media coverage of events, and what a tragedy had occurred.

"It was discussed in depth, in the beginning why authority allowed it to go on."

"How selfish people can become, only thinking of themselves, and their needs."

"We talked about the children who were involved at Mt. Carmel and the deaths and how it was dragged out. We discussed it, but did not dwell on it."

"I felt the people involved were foolish and breaking the law. We felt sorrow for the needless lives lost and we felt Koresh was insane."

"We have discussed how alarming it is that one man can warp so many people's thinking process. How the followers were so brainwashed by this uneducated man is almost beyond belief! We asked how any husband could approve of his wife sleeping with another man or how parents approved of their teenage daughter becoming pregnant by David Koresh!!"

"Sympathy for remaining family members."

"Role of dental society. How people could get involved in a 'cult' group."

"Wondering why everyone is trying to lay blame on everyone but the criminals."

"Watched the TV coverage from the beginning. Speculated on the outcome. Proved to be correct. The individuals involved (other than children) had made their personal decisions."

"We've discussed the fact that the government does not seem to have been very concerned about the kids; also about how ineptly the initial raid seems to have been conducted."

"How the media has glorified David Koresh and the bad rap the ATF has taken. How Koresh was a murderer."

"Discussed the general events as reported in the news. Discussed the articles pertaining to the forensic team and how we admired their efforts to accomplish a very unpleasant job."

TALK BETWEEN DENTISTS AND STAFF ABOUT MT. CARMEL A slight majority of the dentists (54%) said they had talked to staff members at their dental practice about the Mt. Carmel events. The topics were similar to those discussed with spouses, but some had to do with improving their own dental practice for disaster procedures.

"Just the latest that was in the news."

"Uselessness of the entire situation."

"Brief conversations about the sadness of the loss of life, role of David Koresh and the ATF in the disaster."

"Change of office policy to include at least one full mouth radiograph on all adults (14 film set, not a panoral, which had been my practice before this event.)"

"Described to office staff the role of the dental disaster team and need to keep and maintain dental records of patients. Admiration for work dental disaster team did, discussed with staff."

"Ways of identification about charting and x-rays comparison."

TALK WITH PATIENTS ABOUT MT. CARMEL Slightly over half (54%) of the patients of the dentists expressed interest in the disaster as well. In addition to the topics discussed with spouses, the dentists reported the interest in the identification process and the admiration patients expressed for those dentists who did the identifications.

Adverse Effects on Lives of Non-Participants and Their Spouses Almost none of the non-participants or their spouses reported any adverse effects of the Mt. Carmel disaster on their lives or the lives of family members. Some did report that the events caused some mistrust of public officials and sadness for the deaths of the children.

Media Coverage of Mt. Carmel Most of the dentists (85%) and their spouses (73%) watched some form of media coverage of the Mt. Carmel events. Again, many different opinions were expressed by both groups. Almost everyone had some opinion.

"Made me very sad. Also angry. Such stupid folk on both sides. Felt for the innocent children."

"Anger and disbelief as to why."

"No effects, just got information from news."

"I think it helps clear up questions about the raid and why it happened."

"My feelings revolve around what I see as a unfair blame on the ATF for what David Koresh caused. Any effects have centered around this. I felt the press was unjust here. I felt anger about that."

"Feeling the government can be quite cold, inept, and cruel. I find it especially hard to reconcile Attorney General Reno's comments that 'we did it to protect the kids.'"

"Very depressing. It is interesting how someone such as Koresh could have such power over innocent people while claiming to be the Messiah. It is scary that so many believed in him."

"I have become more aware of cult activities."

"That the press interprets too much what the public should think. It was like a 3 ring circus. Had there been less sensational media coverage, perhaps this situation could have been dealt with much quicker and more effectively. Resolving it the first week perhaps could have saved more lives."

Aftermath of Mt. Carmel

We asked both groups, non-participant dentists and their spouses, if they felt that anything positive had come out of the Mt. Carmel episode. For both, the majority said "No." Only 42% of the non-participant dentists and 44% of their spouses thought that something positive had come out of the disaster. Their responses had to do almost exclusively with greater awareness of the power of cults and how the authorities may deal with them in the future.

"I would hope that we have learned something about the nature of cults and how to deal with them, especially in extreme situations."

"I hope people will realize they should want to have a relationship with Jesus, but stay away from cults. Maybe other potential cults will close down or be discouraged."

"Perhaps the authorities have learned how to deal with these situations as there are going to be others."

"The only thing positive could be lessons learned by the ATF, FBI and press (hopefully) from their experiences. (Perhaps they learned by those forensic examiners as well.)"

"Perhaps a greater awareness that cults exist ... that their stated goals and objectives are often inconsistent with their methods and procedures. Regardless of the ATF and FBI's tactics, I think Branch Davidians could have peacefully surrendered and pursued legal remedies. I do not think they (Branch Davidians) were right."

"Perhaps people will look more closely at whom they choose to dedicate their lives."

For those whose responses were negative, that nothing good had come out of Mt. Carmel, the responses were more pessimistic and cynical about the ability of cults or the federal authorities to learn from the situation.

"I think some negatives have come out. Why did this have to happen? I'm more untrusting of gov't agencies than before. I'm more untrusting of religious fanatics than ever."

"If I thought the disaster would teach a lesson or give insight to other 'cult' type personalities I would say yes, but there have been other such tragedies which seemingly did noting to lessen the severity of this one."

"With so many lives being lost in such a useless way it is hard to think of anything positive. Also the many government investigations which have erupted as a result of the Mt. Carmel disaster to place blame on the Attorney General, the FBI. The expense of the taxpayer's money during the holdout and now the continuing investigation is ridiculous when the blame resides with David Koresh for the deaths at Mt. Carmel. I do not blame our government agencies as I feel they did their best under the circumstances as they were working with a crazy man."

"Generalized mistrust of the ATF and its handling of the situation."

"I have ceased to be amazed at the hope and gullibility of the human mind. Some people will never learn. They have a need to follow and be told what is right and what to do. Our recent experience with Jim Jones, David Koresh and certain TV preachers only mirror our earlier experience with Hitler and others throughout history. Koresh is not the end, only another whose succession will soon reappear."

"I feel it's in all respects a tragedy; it provides reinforcement to an us vs them attitude of federal law enforcement vs the citizenry. It demonstrates the lack of respect for human life where ego are concerned, within the highest levels of federal law enforcement."

Reactions Noted at the Time of the Survey

The indicators of distress which were endorsed in the sample of non-participants and their was very low. In the survey, respondents were asked to rate their responses during the past week on a four point scale where 0 was "Not At All" and 4 was "Often." We report those reactions which were endorsed at a level of "Sometimes" or "Often" by 15% or more of the respondents.

NON-PARTICIPANT DENTISTS

- * Sixteen percent (16%) reported that they "Sometimes avoided letting myself get upset when I thought about it or was reminded of it," and 9% said this occurred "Often."
- * Twenty-one percent (21%) reported that they "Sometimes had waves of strong feelings about it," while 4% reported this such feelings "Often."

SPOUSES OF NON-PARTICIPANT DENTISTS

- * Fifteen percent (15%) reported that they "Sometimes thought about the Mt. Carmel disaster when I didn't mean to"; four percent (4%) reported this "Often."
- * Fifteen percent (15%) reported that they "Sometimes had waves of strong feelings about it," while 4% reported this such feelings "Often."

**EMOTIONAL SUPPORT TRAINING FOR HUSBANDS OF WOMEN WITH
BREAST CANCER**

EMST

A MANUAL FOR TEACHING CLINICIANS

SUMMARY

The diagnosis of breast cancer is a traumatic stressor which creates psychological stress for the patient's family as well as for the patient. Cancer can be a lifelong traumatic experience, beginning with the initial diagnosis, continuing through aversive treatment procedures, and extending through the stress of periodic checkups. Social supports are recognized as playing an important role in determining the degree of distress resulting from exposure to a traumatic event such as breast cancer. A key element common to social support is the presence of someone who listens to the trauma survivor talk about his experience.

Cancer patients generally want to talk about their illness and its ramifications with family members (Friedman & DiMatteo, 1982). Indeed, the strongest emotional factor preventing effective coping strategies has been found to be the patient's inability to express strong emotions concerning the disease (Cox and MacKay, 1982). For women with breast cancer, the lack of emotional support has been associated with psychological distress and social withdrawal (Bloom, 1982; Bloom, Ross & Burnell, 1978).

According to patients' reports, conversations about the illness seldom take place (Heinrich, Schag, & Ganz, 1984; Krant & Johnston, 1978). Cancer in a family member often results in a strained silence within the family (Jones, 1979). Family members become quiet and avoid the cancer patient for fear of saying the "wrong" thing (Kubler-Ross, 1969). Even when patients are able to talk with family members about their illness, the avoidance of some topics and the withdrawal from conversation is common.

There are many reasons behind this reluctance to discuss breast cancer and its sequelae. Research findings suggest that both patients and families function as if not talking about the consequences of the illness would cause the effects of the disease to disappear. Other families don't discuss cancer because they traditionally reward only the expression of pleasant feelings and refuse to hear the unpleasant. Some believe that positive discussions lead to a more positive outlook which predicts a better outcome, while discussion of negative aspects predicts a pessimistic outlook and poorer health outcomes (Ornstein & Sobel, 1988). In all these families, then, the cancer patient will be hindered in candidly ventilating her concerns and feelings. In addition to diminishing her successful coping, the inability to talk about her cancer affect the disease course; patients who were able to discuss openly all disease-related issues with family members tended to have longer survival rates (Shapiro, 1983).

For many women coping with breast cancer, their husbands play an important role in the recovery process. An additional impediment to discussion of the illness may be gender differences. Gender differences in communication styles can complicate support provision and should be one of the major targets for training in support provision. It can be thought of as learning to speak a new language in order to interpret better the requests for support and the appropriate responses

across gender lines. For example, when women talk to their husbands about situations which are distressing, husbands frequently feel compelled to offer advice or act themselves in order to make things better. This expectation that they should "fix" the situation is often at odds with the wife's wish that they simply listen and understand. Emotional Support Training provides husbands of breast cancer patients education on skills and attitudes that contribute to being a successful listener to the particular "language" of his wife who is coping with the stress of breast cancer. Training in this area can both increase skills and confidence of the natural support provider.

INTRODUCTION

The purpose of this manual is to "teach the teacher" the skills of emotional support training. After completion of this training which will include readings and clinical practicum, the clinician will be able to increase the breast cancer subject's husband's ability to provide support to his wife. This manual contains explicit instructions on techniques to enhance empathic listening and communication skills, and identifies road blocks to providing emotional support. Throughout this manual emotional support is used as the term to refer to a wide array of techniques to provide instrumental and emotional support, promote empathic listening, encourage expression, relieve blame, and remove stigma. Topics and aims include:

- * **Normalizing the Future**
Deliberately and subtly creating expectations of a future after breast cancer by planning for future events such as an upcoming wedding, an anniversary, a vacation, etc.
- * **Correcting Cognitive Distortions**
A variety of techniques to help the wife realistically appraise her external environment and diminish undue anxiety.
- * **Reconstruction/Reframing**
Helping the wife restructure meanings in a way which reinforces healthy adaptation and positive coping skills.
- * **Maintaining interpersonal contact**
Decreasing avoidance behaviors, withdrawal and stigma which can be exacerbated by the husband's "not knowing what to say".
- * **Mentioning the unmentionable**
Creating an environment in which the couple can talk candidly, yet sensitively, about disfigurement, sexuality, longevity, children, etc.
- * **Care for the caregiver**
Validation and education of the need for the husband to create rest and respite for himself. Also, instructing him on the importance of mobilizing his own support network (colleagues, friends, family).

Emotional support training has a number of applications. It is based on the developing literature on social supports and their effects in the treatment of cancer victims and survivors of other traumatic events. It is best considered a form of teaching supportive interventions to natural care providers. It is important to be aware that providing support is a complex task and involves understanding the nature of the stressors, the natural course of recovery, and the various influences of support on natural relationships.

I. INTRODUCING HUSBANDS TO EMOTIONAL SUPPORT TRAINING

You and your family are coping with the trauma of your wife's breast cancer. This brochure is designed to assist you in helping your wife cope with the diagnosis and treatment of breast cancer. One of the most important things a husband can do to help his wife is to be a good listener. Contrary to popular belief, being a good listener does not come naturally to most people, it's a learned skill. Also, there are differences in the ways in which men and women communicate which can interfere with the clear giving and receiving of messages. In the following pages we will cover skills you can learn to enhance your ability to "hear" your wife and, more importantly, make her feel "heard".

Take time to reflect on stressful times that you and your wife have faced in the past. Often couples have had to cope with the pain of the death of a family member or friend. Or, if you haven't faced a major adversity together, perhaps you can recall a period when one of you was ill. For many families, although a positive experience, having a baby is a stressful time. Think back on what things worked best for you as a couple during those stressful times. Were there things you said or did that your wife felt were especially helpful? After reading through this brochure, you might sit down and ask her to think back, too. This will not only provide you with important information about past coping successes, but will let you practice your listening skills!

If we were forced to distill this listening skills course down to just one sentence, it would be: "Don't just do something, stand there!" Waiting and anticipating are probably two of the most difficult and stressful activities for humans. It is natural at these times to want to do something so that one doesn't feel so powerless and helpless. The take home message from this course is that active listening is very much doing something, something essential to helping human beings deal with uncertainty and stress. By learning and using the skills that follow you will be making a valuable intervention to help your wife cope with breast cancer and its treatment.

II. EMOTIONAL SUPPORT : WHAT IT IS AND WHAT IT ISN'T

Definition

Emotional support is an interactive process which enables the speaker to feel "heard". To feel "heard" is not simply a matter of having the person understand the content; it implies that in addition to content, the listener has appreciated the emotional under currents beneath the manifest content and has also paid attention to what has not been said (for example, recognizing that the speaker has not commented on fears or concerns when reporting something frightening).

Emotional support is transactional in that the listener must communicate to the speaker that she has been understood. The key skill inherent in emotional support is empathy. Empathy refers to putting oneself in the others place as much as possible, imagining to the best of our ability how the world would look from that person's perspective. Since no one can know exactly how another person sees things, it is necessary to ask questions, listen closely and try to approximate as best one can. It is important to realize that one can never know exactly what the other

person feels even though one might have been in a similar situation. Therefore, individuals will often take offense at statements to the effect that "I know just how you feel." The husband of a woman with breast cancer can learn specific techniques and be aware of certain topics which may be "hidden" in the conversation. This can aid the wife's feeling her husband is providing support.

III. REVIEW OF BARRIERS TO EMOTIONAL LISTENING

1. Not realizing that it's important to listen emotionally.
2. Differences in communication styles between men and women.

Aaron Beck has summarized research findings on sex differences that can interfere with men and women's ability to communicate with one another. The generalizations below are useful to keep in mind when talking with a person of the opposite sex. Before you begin to put them into practice, take the time to listen to men talk with men, women talk with women, and mixed sex conversations.

- * Women use questions as a means of continuing conversations, while men tend to view questions as a request for information.
potential barrier: a man may feel interrogated while the woman is perplexed/hurt at his being upset by her wish to make conversation
- * Women tend to repeat something from the other person's conversation and then transition to what they want to say; in contrast, men do not do this
potential barrier: not using these "bridges" may be interpreted by women as being ignored or discounted.
- * Men use aggressiveness in conversation, simply as a form of conversation and don't mean anything personal by it. Women, on the other hand, rarely use aggressive conversational styles unless they intend to attack someone personally.
potential barrier: Women often interpret aggressiveness by their partner as a personal attack which hurts the relationship.
- * Women are more likely to share feelings and secrets. Men like to discuss less intimate topics, such as sports and politics.
potential barrier: Listening to strong emotions is often very hard for men. Perhaps some of this is due to our culture's injunction that "men don't cry" and the natural tendency to want to "fix" things in order to solve the problem and stop the pain.
- * Women tend to discuss problems with one another, share their experiences, and offer reassurance. Men, on the other hand, tend to hear people who discuss problems as making explicit requests for solutions rather than as simply looking for a sympathetic ear.
potential barrier: Different expectations leading to miscues, e.g. the wife experiencing the husband's suggestions as insensitivity to her difficulty and implication that there's something wrong with the way she's coping

3. "Static" in the lines of communication. Other situations which can impede clear communication include:

- becoming defensive
- interrupting
- missing the main message (may be covert or overt)
- silent listening (not giving nonverbal or verbal responses)
- indirect and ambiguous statements
- use of too many questions

IV. TECHNIQUES FOR ENHANCING COMMUNICATION

Nonverbal communication: The husband might have heard this referred to as body language. Educate him on the importance of nonverbal communication in conveying messages. Emphasize the importance of conveying interest and attentiveness through one's posture, the expression on one's face, etc. Point out that the verbal and nonverbal communication should be congruent, that is if he is telling his wife how much he wants to hear what she's feeling while at the same time he fidgets in his chair and looks out the window, he can imagine that she probably will believe his actions more than his words.

1. Simple things he can do:

Make eye contact frequently

Nod occasionally

Mirror his wife (i.e. loosely mimic her expression, posture, etc.)

When appropriate, hold his wife's hand or touch her in a tender manner

2. Observe his wife's movement and expressions for information about what she's thinking and feeling.

Verbal communication

While nonverbal communication is very important, ultimately words convey more complex ideas and pictures. There are a number of ways the husband can make his verbal communications with his wife more effective.

1. First, review the ways listed earlier in which men and women communicate differently. His goal is to "speak" and "hear" his wife's language. Therefore he needs to refresh himself on the "rules" that govern women's speech.

2. Pacing.

Matching his wife's pace and volume of speech is one way the husband can deepen the sense of understanding. For example, if his wife is speaking softly and slowly, he should do the same.

3. Matching modes of communication.

There is a school of thought on communications that believes that people process information through different senses. The goal of the listener is to identify which sensory system the person generally uses, then select words that fit into that particular mode of experiencing the world. Three basic styles of experiencing the world are described: visual, auditory and through touch (kinesthetic). Each sensory modality has words that correspond.

Below are a list of words which key the listener to the corresponding choice of words:

Wife's words		Corresponding phrases you can use
Visual		
see	glimpse	It seems like...
clear	look	From your/my perspective
focus	show	As I see it
picture	bright	I see what you mean.
view	dark	It looks like...
perspective	colorful	
Kinesthetic		
feel	sense	You feel
touch	experience	From my standpoint
pressure	warm	I have the feeling that
hurt	firm	I sense that
pushy	rough	It feels
relaxed	"you know"	
Auditory		
hear	discuss	It sounds like
talk	told	As I hear it
ears	listen	What you're saying is..
yell	noisy	I hear you saying...
loud	call	You're telling me that

(adapted from Cormier and Cormier, who adapted from Lankton (1980))

4. He should strive to match the emotional intensity of his wife's speech. Below are a list of words that reveal strikingly different levels of intensity. Review some of the words listed below and then practice having him match words to mirror the intensity of the ones you use. (N.B. He should also be instructed that there are times when he might want to choose words that are much more powerful or much less intense than his wife's; this will be covered under recognizing and confronting cognitive distortions.)
5. Use of validating expressions which resonate with the wife's description of events, such as "how frightening!" "how terrible!"

V. ATTITUDES WHICH THE HUSBAND SHOULD CONVEY

Non-judgmental

Supportive

Compassionate

Expectant (conveying the notion that she'll return to health)

Assuring (conveying a recognition of the normalcy of whatever his wife is feeling or thinking)

VI. THEMES WHICH HUSBAND SHOULD LISTEN FOR:

Fears of abandonment/loss of love

Fears of death

Fears of disfigurement and loss of sexual appeal

Fears of suffering pain

Anger at getting sick

Generalized anger

Worries about what will happen to you and the children if something happens to her

VII. ADDITIONAL READINGS TO RECOMMEND TO HUSBANDS

Man to Man: When the Woman You Love Has Breast Cancer

Andy Murcia and Bob Stewart. St. Martin's Press, New York. 1989.

You Just Don't Understand: Women and Men in Conversation

Deborah Tannen. Ballantine, New York. 1990

VIII. QUOTATIONS/EXAMPLES OF SUPPORT REQUESTS

The following quotations and examples illustrate the types of supports that men and women have found helpful in coping with breast cancer. Each example should be discussed with the trainee and possible interventions reviewed. The husband should be instructed to be alert to: the need to talk, avoidance and withdrawal, how to talk, the use of caring comments and the translation of requests and support into the appropriate language of the sender or receiver.

Wives: Things that their husbands did which were most helpful

- * Use of terms that provided a sense of the shared nature of the experience and actively participating in doctor visits, etc.:

"He said, 'we'll make this together'."

- * Demonstration of feelings and care:

"After I had gotten myself together, he cried. That showed me that he really loved me. I knew he did, but somehow that proved it."

* **Helpful family sayings or mottoes:**

One wife found a saying of her father's helpful: "Growing old is a privilege denied to many."

* **Incorporation of future-focused language which conveyed the expectation of long-term survival and a return to a more normal life:**

"There will come a day when the first thing you think of won't be breast cancer, and the last thing you think of won't be breast cancer."

* **Acceptance of a reprioritization of the wife's goals and its impact on the husband and family.**

Husbands' Comments:

Most difficult time:

"before and during surgery"

"at the time of diagnosis"

"waiting"

"not knowing how to be supportive"

"fear of unknown"

"not knowing what to expect"

What wife would say was most difficult thing for you:

"don't know"

"nursing her"

What helped the most?

Reach for Recovery (male volunteers)

age and life experience

positive attitude

empathy

Husband's view of what was most helpful to wife:

"being there for her"

"looking beyond the breast"

Importance of husband versus support group:

"The support group provided 10%; I provided 90%." (quote from husband)

Sex

"The most difficult thing for her was losing her hair"

"Her father explained to me that the reason she didn't want sex was because of the cancer. It wasn't anything to do with me. That helped a lot."

Stigma

Belief that cancer is contagious.

"You're not sleeping with her, are you?"

Denial/Minimization

Families sometimes use denial and encourage the patient to do so, also.

"There must be a mistake in the lab; that's why your blood count is so low"
(Discounting fears surrounding relapse/death.)

IX. EMOTIONAL SUPPORT TRAINING: TARGETS AND PROCESSES

Emotional support training is given in ten sessions usually one time per week. This may be given in the office or at the subject's home. There are advantages to it being given in the home. It is more likely the husband will maintain his usual way of relating and the trainer can also see the actual home where much of support is given and can integrate this knowledge into the teaching of the techniques. Below are a list of the primary targets and processes which are attended to by the trainer/clinician.

Targets of Emotional Support Training

Knowledge

Communications

Cognitive distortions

Expectations

Attributions

Missing/loss experiences

Emotional expression

Processes to be Taught in Emotional Support Training

Keeping talking

How to initiate and open the conversation

Observing and changing withdrawal and avoidance

Recognizing and managing stigma

Optimism and hope versus denial

Use of caring comments

Translation: men/women and specific to the spouse

Maintaining ones own motivation and energy: "burn out"

The role of "coach"

The clinician/trainer should use clinical skills to identify and stay alert to blocks in learning caused by emotional states. In many ways the trainer can think of teaching the husband in "What would I do in this situation?" It is very important that the trainer not just tell the husband what to do--since this will not provide learning that can be used in another similar situation, but rather identify the data (comments of the wife, emotional cues, content cues) that the husband reports and use this as the basis on which to design a support strategy.

The sessions should last 50 minutes and be preceded with greetings and cordial exchange. The trainer clinician should explain the need to tape record each session and then proceed in a matter of fact way with the tape recording. The atmosphere is one of collaboration on a project which is being mutually worked on. This is somewhat different from the usual clinical relationship. It is rather a teacher-student relationship. The alliance is around learning a new skill and identifying blocks to this learning.

The sessions and their main content are outlined below. In general, each session begins with a recap of the past week and examples of interactions between the husband and the wife are identified. Particular attention is paid to any negative interactions. Descriptions of these should be obtained (e.g. arguments, disagreements, difficult decisions). Anticipated problems are also inquired about. It is very important that any problem areas be addressed by focusing on the contribution of the stress due to the breast cancer and the wife's needs for emotional support. In this way, as in most brief psychotherapies, chronic marital problems are ignored using "benign neglect". The problem is framed around the issue of emotional support training.

Session Number One

The initial session focuses on the establishment of the teaching contract and relationship. The husband must be put at ease. The husband's anticipated fears of embarrassment and lack of knowledge are relieved by the trainer's establishment of a safe learning environment. The trainer accomplishes this by demonstrating acceptance and adopting an interested tone. This continues to be a major focus during the first three sessions. In addition it is important to set the general form of the sessions by eliciting a description of the emotional support activities during the past month. It is often helpful to learn a bit about the past history of the husband and the wife in order to better identify potential learning blocks. In the middle of the first session the trainer delicately assesses the husband's knowledge about breast cancer and recovery from treatment. This will vary greatly among husbands. Incorrect information should be corrected and new information provided. The trainer should describe the cancer as a traumatic event that is stressful for the entire family. The expectation of return to a more normal life can be offered. At the conclusion of the first session, as with each session, the next appointment should be scheduled.

Session Number Two

Session number two begins with the recap and introduces the idea of communication. Inquiry should be made about who usually starts conversations: how they are started and whether cancer and related concerns have been talked about during the past week. The husband should be reminded of how the event is still very much on his wife's mind. Methods for opening a conversation are discussed. The trainer also should inquire about how the husband supported his wife in public settings they may have been in the past week. This will allow for the idea of stigmatization and its management to be introduced.

Session Number Three

After the recap, specific questions should now delve into the probability that some arguments or misunderstanding will have occurred by this time. Listening in a supportive and understanding manner will encourage this information. Nothing should be done with the information at this time except to encourage its expression. Obtaining a good description of the interactions will identify the areas for problems in listening and interpretations/translation. Humor can be used effectively at this point. The manner in which a cognitive distortion may have contributed to the wife's concern or feelings of upset can be pointed out. Usually this is felt as supportive and the husband will feel a return of empathy and understanding.

Session Number Four

In session four the trainer/clinician frequently experiences a sense that the work has begun in earnest. Often a problem may come up between this and the sixth session which may tempt the trainer to delve into chronic issues of marital discord present in all marriages. It is very important that the trainer not be sidetracked into the exploration of chronic issues, but rather continue to focus on the current emotional support issues and try to identify one of the targets or processes noted above as the discussion focus and learning point. The emergence of this pull to expand the contract is a normal occurrence and indicates that the husband is relaxing and telling you all the issues. Often this is a good time to talk about the maintenance of the wife's (and the husband's) optimism.

Session Number Five

In session five it is not unusual for the husband to note that time is passing. Even if he does not say anything you can be sure he is aware that there are only five session left. Between session four and seven a number of topics should be covered. It is best for these to come up with examples of what has occurred during the past week. It is often important for the clinician at this point to remember that this is a teacher student relationship and the goal is help the husband be able to identify and use the targets and processes. Introducing the importance of observing and managing withdrawal and avoidance should be brought up and an example either found in the present weeks work or one recalled from a previous session. It is important that this topic not be brought up too early because the husband can experience it as critical, noticing his own wishes to avoid. Encouraging the husband to use a schedule of how much time on which days have been pent together and keeping track of the time can be helpful behavioral tools in managing withdrawal. Most effective is the husbands understanding the wife's wish to hide.

Session Number Six

In session number six a review of caring comments should be begun. At this point the topic can be introduced in a non-trivial way because the husband has already discussed some of the real problems in "listening." The problems of translating between men and women is often heard as new information and provides direction on "listening" rather than doing. The topic of sex should be brought up if it has not yet come up. Instructing on concerns about the scar and showing it are helpful reminders that increase the husbands ability to respond to the wife's feelings. The role of "blaming" can also be introduced now. The husband may feel relieved to know that the wife may blame him but not mean it and he may not need to respond. The topic of blame may come up later in the session because the husband will feel some sense of guilt since he also engages in this process. This can be acknowledged but dealt with in a general context rather than targeting his blaming behaviors. As you teach about the concepts of blaming as a response to feeling hurt and taking it out on someone else (projection/"kicking the dog), the husband will feel less angry at himself and his wife.

Session Number Seven

Discussing the importance of maintaining one's own motivation is important at this point. Recognizing that providing emotional support is taxing will increase the sense of identification of the husband with the trainer and the process. Recalling for the husband the importance of "putting on your own oxygen mask first" as they say in the airplane briefings, can be a helpful metaphor. Also introducing the idea that in many ways Emotional Support training as a form of coaching can provide an active, "masculine" metaphor which can sustain and organize the previous sessions and increase retention.

Session Number Eight

This session should allow the trainer to introduce the issue of the experience of loss felt by the breast cancer victim in a more real manner than before. The husband may be able to identify his own experience of loss at this time and therefore better be able to empathize than if the topic had been introduced earlier. The topic of Expectations can be reintroduced at this time as another area in which loss is often felt but may not be recognized since "nothing real" was lost. The husband may be able to identify with the loss of a hoped for job or reward and develop increased empathy for his wife's experience of the loss of years and the loss of feeling invulnerable. Again, all interventions are more effective when tied to real events of the week identified during the initial review of the week. This is particularly true when dealing with emotionally charged areas as in the later sessions.

Session Number Nine

In this session the issue of nearing the end of the training will come up. It is a good time to review the past work and to highlight areas in the context of actual examples that have been worked with. Review in this session will allow time for mourning which can be stirred as the fact that the husband and wife are "on their own" comes to the fore. If the Husband raises the issue of "what if i have problems..." the trainer can reassure him that he can call but that he/she does not think that will happen. This concern is unlikely to be expressed--and more often is unspoken.

Session Number Ten

In this last session, after the usual review of the week and working with the material from the vantage of the processes and targets, the trainer should look for positive accomplishments to recall and also recap the lessons learned. Emphasis should be placed on the need to continue to practice the new skills--like learning to ride a bicycle and also the importance of formally scheduling time together for the couple. How to listen and how listening can encourage emotional expression are important summary perspectives to impart, as well as to use the metaphor of coaching. Departing includes wishing well and recognition of what has been accomplished.

Summary

The ten sessions include the use of all targets and processes. The goal is the application of these to real examples in the life of the husband. The sequence of the topics will depend greatly on what actually happens, however, the importance of some topics being dealt with later in the sessions should be noted. The later sessions are devoted to more personal topics which might arouse feelings of discomfort and guilt, and if introduced too early could make the husband defensive and resistant to learning. Towards the end of the 10 session, the husband is more likely to have identified with the process and be better able to both hear the issues and accept the directions for new behaviors to attempt.

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